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LA SOCIÉTÉ CANADIENNE DE CRIMINOLOGIE

Le Conseil canadien du Bien-être

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**LA SOCIÉTÉ CANADIENNE
DE CRIMINOLOGIE**

55, avenue Parkdale, Ottawa 3, Ontario, Canada.



Editorial

CANADIAN COMMITTEE ON CORRECTIONS

Diagnosis: What is it? According to the Dictionary of Psychological and Psychoanalytical Terms, it is a noun that refers to: (1) identification of disease or abnormality from symptoms presented, and from a study of its origin and course, and (2) any classification of an individual on the basis of observed characteristics.

Not long ago I had occasion to study the results of a special type of penal institution which had been in existence for a little more than ten years. A study of its first five hundred admissions indicated fifty per cent of those who had graduated from it ten years before had not broken the law since. Such results appeared gratifying. Upon hearing them, one is immediately stimulated to ask questions. What type of person was successfully rehabilitated by this program? Why did others fail on it?

Unfortunately, such questions cannot easily be answered. Methods of diagnosing various types of illegal behaviour were inadequate ten years ago, and they remain so today. Such specialists as the medical officer, the psychologist, the social worker and the psychiatrist all make important, separate contributions towards a diagnosis. But nobody, to date, has been able to put forward a satisfactory method of co-ordinating these contributions into one all-embracing diagnostic conclusion. Until this is done, treatment and research alike will suffer.

The task of doing so may indeed prove to be a formidable one. On the other hand, we may be in the position we are in today simply because we have failed to keep this problem in mind.

FRANK H. POTTS

Le diagnostic: qu'est-ce que c'est? D'après le "Dictionary of Psychological and Psychoanalytical Terms", c'est un nom qui se rattache (1) à l'identification d'une maladie ou d'une condition anormale et que révèlent des symptômes et une étude de l'origine et de l'évolution de la maladie, et (2) toute classification d'un individu fondée sur l'observation de ses caractéristiques.

Il n'y a pas longtemps, j'avais l'occasion d'étudier les résultats obtenus par une institution d'un caractère spécial, et qui existe depuis un peu plus de dix ans. L'examen du dossier des cinq cent premiers détenus qui y ont été admis indique que cinquante pour cent de ceux qui ont quitté ses murs, il y a dix ans, n'ont pas transgressé la loi depuis leur sortie. De tels résultats doivent nous réjouir, semble-t-il. Mais tout de suite des questions surgissent à notre esprit. Quel genre de personnes ont été réhabilitées avec succès, grâce au programme de l'institution? Pourquoi les mêmes mesures n'ont-elles pas réussi auprès des autres?

Hélas, il est bien difficile de répondre à de telles questions. Les méthodes de diagnostic des diverses manifestations du comportement illégal n'étaient guère évoluées, il y a dix ans, et elles le sont encore. Chacun des spécialistes tel que le médecin, le psychologue, le travailleur social et le psychiatre contribue une partie importante au diagnostic. Mais personne jusqu'ici n'a été en mesure de proposer une méthode satisfaisante qui permettrait de fondre l'apport particulier de chacun de ces spécialistes en un seul diagnostic général. Jusqu'à l'avènement de cette réalisation, le traitement et la recherche ne pourront guère progresser.

L'étendue de cette tâche pourrait bien s'avérer formidable. Mais par contre, notre situation actuelle n'est-elle pas attribuable peut-être au fait que nous ayons négligé de nous occuper de cette question?

FRANK H. POTTS

Alcoholism, 1958

Where Do We Go From Here ?

A "do-it-yourself" plan
for meeting alcoholism

MRS. MARTY MANN, Executive Director
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"Alcoholism Is Everybody's Business." This is a slogan that is widely used by organizations devoted to alcoholism. Its only danger lies in the truth of the old proverb: "everybody's business is nobody's business". However, the National Council on Alcoholism and its local affiliated councils and committees on alcoholism who make use of this slogan, have a definite objective in mind. They do not intend to allow alcoholism to revert to its age-old status of being "nobody's business". Nor do they intend to preempt the problem of alcoholism for themselves. Rather, they intend to see to it that the varied groups, organizations, disciplines, professions, and government departments that should be concerned with alcoholism, are so concerned. They consider it their business to alert these varied groups to their share of the responsibility, and to assist them in every way possible to undertake that share.

For centuries the problem of alcoholism was shunned. No one quite knew how to assess it, and no one knew what to do about it. Its causes were unknown, its nature was unknown, its solution was unknown. In this universal darkness, only two little gleams of light flickered feebly, and people acted accordingly. It was obvious that some of the problems created by alcoholism had moral connotations: therefore it could be called a moral problem and handed over to the church, the rightful guardian of man's morality. It was also obvious that some of the problems were anti-social in nature, and so could be handed over to the law, the guardian of society. Having done this, the people, in effect, washed their hands of the matter. It belonged to the church and the law.

Unhappily, this proved no solution. The centuries passed, and alcoholism flourished and spread. It became an intolerable burden to society, and denial of it in no way lightened the burden. The law punished to no avail. The church prayed and preached while more and more people developed alcoholism. It was obvious that neither of these groups could stem the tide — alone.

Out of a desperate need, two new gleams of light flickered into being. Science began to take a long hard look at alcoholism. Alcoholics themselves joined hands and began to pull themselves and each

other out of the morass. Both groups discovered that, through the ages, there had been some who had recognized alcoholism as a disease, an illness that could be treated; and others who had recognized it as a social problem of gigantic proportions, permeating everywhere.

Out of the new insights of science, and the successes of Alcoholics Anonymous, hope was born. Some answers were being found, some solutions were in sight. To make wider use of these answers, and to test possible solutions, became the urgent matter at hand. Many organizations, both voluntary and official, came rapidly into being to undertake these tasks, organizations specifically devoted to alcoholism. Their specificity was necessary because of the very real need for special attention to a long-neglected area.

Already the creation of special agencies to deal with alcoholism as an illness has produced results: educational programs are slowly changing public attitudes; the medical profession is becoming involved; special clinics for diagnosis and treatment are increasing in number; general hospitals are assuming their responsibilities to this segment of the sick population; and research is being undertaken on an ever-widening scale.

It is now fourteen years since the first of these specialized agencies came into being: the National Council on Alcoholism, established in 1944. It was followed almost immediately by the first official agency in North America: the Connecticut Commission on Alcoholism, established in 1945. The National Council on Alcoholism, a voluntary agency supported by private contributions, has organized over fifty local affiliates which, like itself, are specifically devoted to alcoholism. Thirty-four states, and six Canadian provinces, have established official tax-supported agencies similarly devoted to alcoholism.

So far, so good. We have come a long way from the ignorance, the apathy, and the hostility of the past. We have come a long way from the shunning of responsibility which led us to dump this problem into the laps of the law and the church, smugly complacent in the belief that this would dispose of it. We — the people — are tackling the problem now.

But are we? How deeply involved are the varied groups that make up our complex society? And how proprietary are the specialized agencies about *their* problem?

It seems to me that there is a possible danger ahead which must be faced and studied, and if possible, avoided. We have only to look around us for the danger signs: at other areas of special interest which have been swallowed up by special groups, becoming their sole property, their sole responsibility; becoming, in fact, areas in which *only they*, the

members of the special group, are qualified to judge or to act. Some health and welfare organizations have moved in that direction, growing very large and very complex — almost monolithic in structure. I do not think this need happen in the field of alcoholism.

We can, I think, absorb lessons from outside our own special fields of interest and knowledge. All of us remember, for instance, what happened in Europe in 1940. An idea about warfare had been conceived by a Frenchman named De Gaulle. It was the idea of mobile task forces that could move swiftly. His own country did not accept the idea. Their enemy did. And over here we read about the Blitz. The mobile task forces that were swift and light overran France and other countries of Europe. I am not suggesting that we go any further with this analogy because it took more than that, of course, to win a war; and the country that adopted that one idea did not win the war, thank God. But that does not negate the effectiveness of the idea, and that idea can be translated into many other forms and used in many other areas.

I am suggesting that the idea of the mobile task force be adopted by the specialized alcoholism agencies. I am suggesting that, instead of attempting to do the whole job themselves, they develop a task force of experts who will assist all the other groups each to do their own share of the job. "Expert" is a much-abused word, and I mean it only in the sense that each of these people should have something to give, something concrete that is usable by others; and that they should know enough to be able to give it into hands that will carry it on. They should be imbued with the idea that their main job is to get other groups to grow in knowledge about alcoholism, and in willingness to shoulder part of the responsibility. Only in this way, it seems to me, can we hope to make a dent on this vast and complex problem in the foreseeable future.

For alcoholism is not just a single problem manageable by a single group. It is a medical, social, economic, moral and legal problem, to mention but a few of the areas particularly touched by it. It is in sober truth everybody's problem because, in one way or another, it affects everybody. We who work in this field must dedicate ourselves to advocating a "do-it-yourself" program to our society if we are to hope for a solution. We must see that every segment comprising the social fabric of our time is involved, that each and every group is doing its share.

For instance, most cities have health departments. They ought to be doing something about alcoholism. Most cities have welfare departments, and they too should be engaged in this. Every city has a department of correction or other law enforcement agencies, and of necessity they have a big role to play. Every city has business and industry of some sort. They have a stake in alcoholism, and a job to do. Every city has many organizations and agencies that deal with the problems of the citizens of that city, and for each of these, almost without exception, there is an active role regarding alcoholism which they could take.

I believe we can save a lot of heartache and a great deal of money if we make it our business — our main task — to stimulate, inform, and guide these various groups. We who are specialists can provide the tools. We can urge and cajole others to pick them up and use them. We can devote ourselves to forging ever better tools, to extending the frontiers of our knowledge, and then to distributing the results of these efforts. But we cannot hope to do everything that needs doing about alcoholism, ourselves.

Let us take two major examples: our school systems, and our correctional systems. Wouldn't it be foolish if any of our specialized alcoholism agencies attempted to send people into the schools to teach the students what they need to know about this problem? The size of the staff that would be needed renders the idea absurd. Yet the same objective can be eventually accomplished through working with education departments, with teacher's colleges, and with key people in the school systems.

It would be equally impossible to provide special services for our correctional institutions. On the other hand, much can be done in the way of providing assistance to those people in correctional work who *can* do the job. And even more can be done by providing an informed public opinion that will back them up in the innovations they must make in their own system if they are to do a job regarding alcoholism.

Here, we are asking a great deal of a group which has been charged with a particular responsibility. Our laws have been created by our society for its own protection. In a democracy, laws follow public demand, they are not usually imposed upon an unwilling public, and the laws concerning punishment for anti-social behavior are backed by public opinion. Those in the field of law enforcement are employed to carry out those laws. It is only recently that questions have arisen regarding the justice of imposing penalties upon sick people, whose illness is manifested by anti-social behavior. It is only recently that there has been a shift in public opinion in favor of treatment rather than punishment for those who are sick. It is even more recently that alcoholics have been included among those who are considered sick and in need of treatment.

The men in law enforcement and in correctional work who have taken this point of view, and who have attempted to provide other than punishment for the victims of alcoholism in their charge, have been brave men indeed. In most cases they have been far in advance of public opinion and so have been daring pioneers. Enough has been accomplished through their efforts to indicate that treatment pays off, that it will save society a great deal more than it costs. But this is by no means generally known or widely accepted as yet. Work in this area is in its infancy, and will need much experimentation, much trial and error, before we have

water-tight answers. Meanwhile the work must go on, if only to provide us with some of the answers.

We who are interested want these people to continue their work. We know that this is a vastly important part of the total picture of alcoholism. How can we best help?

Not, I think, by trying to run the show ourselves, but rather by trying in every way possible to strengthen the hands of those immediately concerned. Let us ask them what we can do. Let us make available to them all that we know, everything we have that might be useful. Let us be ready to educate, to inform, to persuade and to influence in areas that might make or break their efforts. Let us co-operate in the fullest sense of that word.

If all of us who are interested in alcoholism, regardless of our particular affiliation, would do this for all of those who are trying to do a job in a special area, I believe the whole field would move forward at an accelerated pace. And we need to hurry. We have so much lost time to make up.

L'auteur maintient que les oeuvres antialcooliques doivent encourager la communauté entière à agir directement pour faire face au problème de l'alcoolisme car l'oeuvre spécialisée ne peut accomplir cette tâche toute seule.

Le rôle social du Chef de Police dans la prévention de la délinquance juvénile

RÉV. FRÈRE JACQUES, F.C.
Montréal, P.Q.

*Un discours prononcé à la réunion
annuelle de l'Association des Chefs
de Police de la province de Québec*

La complexité de notre vie sociale influence grandement l'exercice de certaines professions et de certaines fonctions. Autrefois, l'on pouvait se contenter d'une activité qui nous paraît aujourd'hui, bien rudimentaire. Les conceptions ont évolué, entraînant un progrès marqué, notamment dans notre manière de comprendre et de traiter la personne humaine.

Ainsi, les dentistes étaient, il n'y a pas si longtemps, des arracheurs de dents. Un davier résistant, voire même une bonne pince, un bras musclé, le cœur solide et vous voilà dentiste habilité à extraire, avec ou sans douleurs, les dents cariées de la victime. Autant de dents parties, autant de difficultés accrues à mastiquer convenablement les aliments et à assurer une bonne digestion. L'opération simple et expéditive entravait, par voie de conséquence, la santé du patient.

Les dentistes trouvèrent mieux: nettoyage à fond des caries et obturation au plomb. C'était, en même temps sauver la dent et sauvegarder la santé du patient.

Puis vint l'époque de la prévention: examens réguliers, brossage journalier, nettoyage mécanique au moins annuellement.

Enfin, les dentistes abordèrent le problème sur le plan collectif ou social. Ils organisèrent des cours sur le soin de la dentition pour les élèves de nos écoles et leurs professeurs, firent appel au film, à la radio, à la télévision, aux journaux et aux brochures pour la diffusion généralisée des méthodes de conservation des dents en bon état.

Ce n'était pas encore suffisant. Il fallait l'apport des chimistes, des médecins, des sociologues et des diététistes pour découvrir les meilleures substances de prévention, les aliments, les boissons, les conditions de vie les plus aptes à fortifier et à préserver l'émail des dents et à assurer leur longévité.

L'exposé de cette évolution pourrait être répété, en substance, pour d'autres professions. Mentionnons, par exemple, les médecins qui furent tout d'abord des adeptes de la saignée, du scalpel, pour ne pas dire du

couteau et de la scie. Il s'agissait ici encore, non de supprimer le mal, mais le membre malade. Les médecins progressèrent au stade du soin ou de la médication: potions de toutes sortes, pilules, herbages, réparations sommaires d'abord, puis de plus en plus perfectionnées.

Les médecins crurent faire mieux encore en abordant la prévention sur un plan individuel: fortifiants de toutes sortes, diètes et régimes de vie, conseils d'hygiène.

Enfin, ils aboutirent aussi, au plan collectif, communautaire. Qu'il nous suffise de rappeler les résultats merveilleux obtenus dans la prévention de la tuberculose et des efforts tentés pour garantir de la polyomyélite et du cancer. Mentionner ces trois maladies c'est rendre hommage à un travail coopératif de nombreux spécialistes, de disciplines bien diverses, qui ont accepté de travailler en étroite collaboration pour vaincre le mal et, mieux encore, le prévenir.

Rôle social du Chef de Police

Cette introduction, déjà trop longue mais dont je ne m'excuse pas, vu qu'elle illustre bien les étapes de la suppression, du traitement, puis de la prévention effectuée sur le plan individuel et enfin, sur le plan collectif — cette introduction dis-je, nous amène au sujet de notre rencontre d'aujourd'hui: le rôle social du Chef de Police dans la prévention de la délinquance juvénile.

La force policière, tout comme les autres disciplines médicales, éducatives, sociales a dû suivre les étapes normales de maturation dans l'exercice de ses fonctions.

Au début, elle assurait, dans une certaine mesure, la sauvegarde de la vie, le respect de la tranquillité et des biens des citoyens en supprimant de façon temporaire ou permanente, les individus délinquants. Action intentée après le délit et, aussi façon sommaire d'empêcher les récidives, et on le croyait fermement alors, mesure exemplaire qui détournait du mal par l'intimidation.

La deuxième étape affichait déjà une tournure préventive et curative: éclairage des rues, surveillance des personnes et des endroits dangereux à des heures déterminées, politique de "présence", applications de peines à caractère vénal ou social, telles l'amende et le travail forcé. Ces mesures ont encore cours aujourd'hui, mais elles sont très souvent précédées, dans le cas des mineurs, d'un effort préventif du Chef de Police: conseils, avis, menaces aux enfants et aux parents, prise de tutelle partielle des enfants sous forme de surveillance ou de contrôle des activités, même l'organisation des loisirs.

Est-ce suffisant? Répondons sans hésitation aucune, non.

Les raisons qui motivent l'action collective

Il serait hors de propos de détailler ici ce qui a été dit, et est journellement répété, sur les facteurs de désintégration des milieux familial et social aux répercussions si néfastes sur le comportement des enfants: discordes maritales, séparation, divorces, discipline inconsistante ou inexistante, alcoolisme, travail de la mère hors du foyer, cinéma et TV, lectures et "comics", loisirs insuffisants ou malsains, endroits louches tels que certaines salles de pool ou certains restaurants, taudis, chômage, etc.

Aucune de nos villes, même la plus petite, n'est à l'abri de ces éléments qui entravent le développement total de l'enfant ou contribuent à l'affaiblissement de sa personnalité morale.

Le Chef de Police, et par le fait même tout le corps policier, est investi d'une responsabilité civique. De par sa fonction il doit protéger la population, mais d'une façon particulière les jeunes, tous les jeunes, moins en mesure d'assumer seuls la sauvegarde de leurs intérêts matériels et spirituels.

Par un curieux retour à une conception étriquée du rôle du policier, qui le cantonne dans la fonction de "ramasse-délinquants", l'on semble oublier parfois la mission protectrice et préventive des agents de sécurité publique dont devraient bénéficier tous les enfants et les adolescents.

Les sujets de l'action sociale:

1. — Les jeunes de notre milieu propre

C'est ainsi que la police devrait songer en premier lieu aux enfants que nous appellerons "normaux", faute de terme plus adéquat. Ces enfants jouissent d'un foyer exemplaire et ne présentent aucun problème de comportement. Tant mieux. Mais ces jeunes et leurs parents, n'ont-ils pas des droits sacrés à votre protection? Ne devez-vous pas mettre tout en oeuvre pour leur éviter la contamination d'influences néfastes telles que les lectures malsaines ou surexcitantes, les restaurants et les salles de pool louches, les débits de boisson, les salles de danse sans tenue, les bandes subversives ou tarées?

Un deuxième groupe d'enfants, moins bien protégés, sollicitent aussi leurs droits à votre protection: ce sont les cas justement dits: "de protection" parce que menacés dans leur développement normal: par des influences familiales néfastes ou peu éducatives telles que dissociation, alcoolisme, inconduite, indiscipline, etc; par des troubles scolaires qui aboutissent à l'école buissonnière, à l'abandon des classes et au vagabondage ou au traînage dans des endroits peu recommandables; enfin, par la fréquentation de compagnons, des deux sexes, ou de groupes dont l'influence ne peut être que malfaisante. Votre action, dans cette occurrence, communique à la fois de la protection et de la prévention.

Il reste un troisième groupe que l'on pourrait subdiviser en délinquants et pré-délinquants. La première catégorie a toujours fait l'objet de l'attention de la police, surtout au moment des délits. Peut-être songe-t-on moins à leur venir en aide une fois la crise passée ou la peine appliquée; surveillance, amende, détention, prison ou école de rééducation. Nous y reviendrons. La deuxième catégorie se confond très souvent avec les cas de protection. Retenons, toutefois, que bien des cas de protection ne présentent aucune tendance délinquante alors que les pré-délinquants manifestent déjà qu'ils en ont l'étoffe: caractériels, durs, audacieux, peu inhibés, insolents, parfois révoltés contre l'autorité, non-délinquants encore parce que l'occasion a manqué ou . . . qu'ils n'ont pas été pris!

2. — Les jeunes qui nous quittent

A côté de ces jeunes qui demeurent parmi nous, il y a les adolescents et surtout les adolescentes, qui quittent nos petites villes et villages, pour des motifs divers, et s'établissent dans les grands centres: Montréal et Québec surtout. A première vue, leur départ peut sembler nous libérer de toute responsabilité à leur égard. Toutefois, la définition du domicile, dans les lois de l'Assistance Publique et des Ecoles de Protection, établit qu'il n'en est pas ainsi même du simple point de vue légal et que notre responsabilité s'étend à six ou douze mois. Mieux encore, faudrait-il invoquer une certaine responsabilité morale qui nous constitue "gardiens de nos frères", aux termes même de la Bible.

Nous savons trop, hélas, ce qui attend beaucoup de ces jeunes qui s'engouffrent dans nos grandes villes, sans aide, sans appuis, sans attaches, sans surveillance. Nous les retrouverons souvent dans les cours, les institutions de rééducation, les prisons ou tout au moins dans des quartiers malfamés et les bouges.

Pourtant, il serait possible de leur venir en aide et de mettre à profit les moyens nombreux de sauvegarde et de protection offerts par la générosité de l'Eglise et de l'état et le dévouement des individus: service d'accueil aux voyageurs, abris temporaires, service social aux enfants, aux adolescents, aux familles, service social paroissial, les pensions surveillées, le bureau de placement, les services de loisirs . . .

3. — Ceux et celles qui reviendront

La Province de Québec possède une centaine d'institutions, orphelinats et Ecoles de Protection, qui abritent environ 15,000 enfants, cas d'assistance publique, de protection ou de délinquance. A ce nombre, il faut ajouter le 7 ou 8,000 enfants placés en foyers nourriciers. Ces jeunes sont les ressortissants des diverses municipalités de la Province et, en général, ils retourneront à leurs milieux d'origine.

Il ne serait pas plus raisonnable d'attendre de miracles de nos institutions pour enfants que de nos sanatoriums. Qu'arrive-t-il si un tuberculeux, guéri au sanatorium, devait retomber dans un logis infecte, sans air et sans lumière, soumis à un travail trop lourd pour ses forces, privé de toute assistance médicale? La rechute serait pratiquement inévitable. Pourtant, le sanatorium aurait bien accompli sa fonction et la cure médicale aurait été accomplie. Il en est de même pour l'institution en cause: elle peut donner au jeune une bonne éducation, lui inculquer des principes aussi solides que son âge et les circonstances le permettent, lui faire acquérir des habitudes de vie louables et une certaine instruction, voire même un métier. Mais, malgré tous les efforts d'intégration à la vie normale, malgré l'ouverture des éducateurs et l'adaptation libérale du régime de vie le jeune, à sa sortie, demeure un être fragile privé trop souvent subitement des états formés par les éducateurs et le régime protégé de toute institution, même la plus évoluée.

L'enfant est plus fort, il est mieux armé, mieux formé, mais il tombe dans un autre milieu de vie, une autre atmosphère; il est soumis à une foule de sollicitations nouvelles et quelle que soit la force de ses principes et de sa personnalité il lui faudra une aide sérieuse pour suivre une voie droite et persévérer dans ses bonnes dispositions. Seule une organisation sérieuse, avertie, aux ressources multiples assurera le succès de la mission accomplie par les institutions.

Le besoin d'organisation collective

En présence de la tâche considérable nécessaire à la sauvegarde de l'enfance qui demeure dans notre milieu propre, de celle qui nous quitte et de celle qui revient après un stage à l'étranger, il est évident qu'un Chef de Police, même le meilleur, le plus dévoué et le mieux secondé par son équipe d'agents, ne saurait suffire à tout. Il lui faut de l'aide.

Mais, par ailleurs, de par les responsabilités dont ses concitoyens l'ont chargé, de par sa formation et son expérience, le Chef de Police est le *spécialiste* de la protection et de la sauvegarde des jeunes exposés à tous les dangers de nos milieux. Qui mieux que lui connaît les personnes, les lieux, les heures, les choses qui pourraient inciter nos jeunes aux actes délictueux de toute nature ou les pervertir?

A lui revient l'obligation première de renseigner ses concitoyens. A lui revient la tâche de promouvoir et de soutenir les efforts de ceux qui peuvent et veulent aider à la mise en oeuvre d'une organisation capable d'une action d'envergure pour le bien-être de tous ces jeunes.

L'on pourrait m'objecter que les parents sont les premiers intéressés à la protection de leurs enfants. Sans doute. Remarquons, toutefois, que les parents connaissent leurs enfants, tels qu'ils sont au foyer. Mais connaissent-ils tous leurs enfants, et surtout leurs adolescents, en dehors

de ce milieu, leurs compagnons, les endroits qu'ils fréquentent, les dangers auxquels ils sont exposés, les propos qu'ils tiennent, leur conduite en groupe, etc. . . . ? Bien des parents seraient peut-être surpris si la vérité leur était révélée!

Et que dire des éducateurs? Sans doute connaissent-ils leurs élèves, leur caractère, leurs ressources et leurs faiblesses. Par contre, combien ignorent presque tout de leurs familles et de la vie de leurs jeunes en dehors des heures scolaires.

Ajoutons qu'il est des groupes de citoyens bien disposés, désireux de contribuer au bien-être et à la protection de la jeunesse pourvu que l'on fasse appel à leur bon vouloir: agences sociales, Chevaliers de Colomb, Club Richelieu, Ligue du Sacré-Coeur, JOC, LOC, Commission scolaire, Conseil de Ville, etc. . . . Aussi, s'il y a lieu, la direction du journal ou de l'hebdomadaire local et de la radio.

Des représentants de l'école, du Conseil de Ville, de la Commission scolaire, de l'Agence sociale . . . formeraient un excellent noyau d'organisation capable d'une action très efficace et durable dans n'importe quel milieu.

Programme de travail

Il serait téméraire de tenter le tracé d'un programme pour une telle organisation. Qu'il suffise de mentionner quelques points à titre de suggestion seulement.

Les membres devraient, dès l'abord, prendre conscience du problème. Se renseigner mutuellement sur les conditions connues de chacun d'eux, sur les ressources existantes ou possible de leur milieu; sur les dangers, les lacunes ou les carences. Ce premier travail se doit d'être objectif, basé sur des données sûres ou contrôlées, résulter d'enquêtes poussées lorsque c'est nécessaire.

Il faudrait aussi se faire renseigner sur les expériences tentées en d'autres milieux, sur les problèmes rencontrés, les solutions adaptées et les résultats obtenus; explorer également les ressources offertes par les grands centres pour les jeunes qui nous quittent et les institutions, cliniques, hôpitaux . . . qui reçoivent nos enfants afin de mieux utiliser leurs services et préparer le retour des enfants.

Cet aspect d'information pour les membres actifs doit conduire normalement à la diffusion des connaissances, ce qui revient à interpréter le fruit des recherches et des solutions possibles aux autorités civiles, religieuses et scolaires, aux parents, aux associations diverses, aux oeuvres de loisir, etc. Travail ardu, de longue haleine mais absolument nécessaire pour épauler et assurer l'action qui doit être engagée.

C'est là, en somme, que l'on veut aboutir. Il n'est nullement question de connaître pour connaître, mais bien pour agir à bon escient, de façon éclairée avec le maximum d'atouts en main.

Toute cette préparation d'étude, de recherche et d'information déterminera sans doute la voie des réalisations. Par ce qui précède, il ressort clairement que le travail se fera très varié, qu'il s'adressera tantôt à un enfant en particulier ou à un groupe, ou à la famille, tantôt à l'école ou à l'Eglise, ou à des commerçants, des tenanciers ou des employeurs; il peut revêtir le caractère d'aide financière, de surveillance, de pressions, de démarches, de recherche d'emploi, d'organisation d'un enseignement spécial ou de loisirs tant pour les enfants qui s'adaptent facilement aux jeux organisés que pour les caractériels qui requièrent au début un régime particulier adapté à leur mentalité particulière et à leurs besoins.

Messieurs, les jeunes ont besoin de votre savoir-faire et de votre dévouement pour les protéger. Vos concitoyens ont mis en vous leur confiance et vous ont confié la lourde responsabilité de veiller sur le bien-être de leurs enfants en dehors des milieux familial et scolaire. Ce n'est ni souhaitable ni possible que seuls vous entrepreniez la tâche alors qu'il est autour de vous tant de ressources et de bonnes volontés. Il vous revient, toutefois, de promouvoir et d'organiser un Comité de Protection de l'Enfance et de la jeunesse et de contribuer d'une façon unique aux succès de ses entreprises.

Lorsque le Chef est lui-même débordé de besogne, comme c'est sans doute trop souvent le cas, il lui revient de se choisir un aide compétent, bien doué pour cette fonction délicate, conscient du bien qu'il peut *engager* et désireux de l'entreprendre; pour de lui conférer les pouvoirs et les moyens nécessaires pour mener sa tâche à bon port; enfin, de l'épauler et de le soutenir dans toute la mesure de son autorité et de son influence.

La tâche est urgente, ardue, considérable mais elle est aussi magnifique, apostolique et prometteuse des résultats les plus consolants.

Brother James points to the need for co-operation between the police and the agencies working in the delinquency field. Only in this way can each do its job with maximum efficiency.

The Forensic Clinic Of The Toronto Psychiatric Hospital

R. EDWARD TURNER, M.D., Director

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Chief Psychologist

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Chief Social Worker

A review of the psychiatric facilities in prisons and correctional institutions in the United States was made in 1954 by Wille.¹ It was noted that, in several states, machinery existed for psychiatric evaluation for mentally disturbed inmates in regional outpatient clinics. However, there seemed to be no forensic outpatient clinic that was closely affiliated with both a psychiatric or mental hospital and a medical school. Benedict² reported this year the creation by the New York City Department of Corrections of a Diagnostic Centre which provides both diagnostic and treatment service in sentence and detention institutions. Again, the emphasis of this admittedly important service was on the psychiatric care of prison inmates. Stoller³ recently surveyed the teaching of forensic psychiatry in American and Canadian centres. He made a plea for the wider use of psychiatric knowledge in forensic issues for the courts, judges, law-schools and attorneys as well as an improved undergraduate and post-graduate training in forensic psychiatry. However, we believe that the Forensic Clinic of the Toronto Psychiatric Hospital is attempting to fulfil services in each of these three areas — (a) an active and vital affiliation of forensic psychiatry in the psychiatric or mental hospital and medical school; (b) of the extension of psychiatry to offenders other than actual inmates; and (c) as a contribution to the teaching of forensic psychiatry, already established, to the undergraduates and postgraduates in the Faculty of Medicine of the University of Toronto.

The Forensic Clinic was formed as a new outpatient division of the Toronto Psychiatric Hospital in May 1956. It arose out of public concern over sexual perversions, especially assaults on children, which had resulted in three tragic deaths of children in the winter of 1955-56. Considerable alarm and outcry was manifest in the press. An open meeting was held in Massey Hall in Toronto, in January 1956, with a panel of four experts — Dr. Ralph Brancale, Dr. Kenneth Gray, Dr. Manfred Guttmacher and Dr. Fred van Nostrand. As a result of this meeting, and recommendations of a committee of further experts, the Department of Health of the Province of Ontario opened the Forensic Clinic under the direction of Dr. Peter G. Thomson, for the study and treatment of persons charged with criminal offences, particularly sexual ones. It should be added that a most important contribution was made by Dr. Kenneth

Gray, Associate Professor of Psychiatry, University of Toronto, who, over a number of years, laid the groundwork for the organization of such a clinic.

The clinic was formed in particular, as noted, to deal with the problem of sexual deviation. Since its inception, about half of the 431 cases that have been seen have had to do with the sexual perversions. There have been ninety-two cases of homosexuality, sixty-one exhibitionists, forty-five pedophiles, twelve voyeurs, ten fetishists, six transvestites, two each of incest, bestiality and multiple perversions and one sado-masochist. However, an almost equal number of cases have been concerned with adolescent behaviour problems, theft and fraud, assault and a few requiring certification to Ontario Hospitals. The psychiatric staff, all of whom hold specialist certificates, consists of a director, one full-time and two part-time psychiatrists.

Four types of service are being offered by the clinic, which may be described as follows: 1) assessment and diagnosis, 2) treatment, 3) teaching, 4) research.

1) *Assessment and Diagnosis.* The clinic provides opportunity for the study and appraisal of cases, already convicted, for pre-sentence examination. These cases are selected and referred by magistrates and judges, under Section 92(d) of the Ontario Mental Hospitals Act. Such an order gives the clinic authority to conduct an examination of the mental and physical condition of the offender, during the period of remand of usually four to six weeks. The results of such examination are reported to the magistrate under the provision of Section 96(c) of the Ontario Mental Hospitals Act. Seventy-seven cases have been seen in this way. Because the clinic is an outpatient department only, the more violent type of case which necessitates custodial care is not seen in this setting. In addition to this formal order for pre-sentence examination, the clinic offers diagnostic and assessment services to probation officers for those probationers under no order or obligation to attend the clinic. Cases of sexual deviation are seen, too, from other outpatient clinics, hospitals and community agencies, such as the John Howard Society, the Elizabeth Fry Society, the Children's Aid Society, the Catholic Children's Aid Society, the Toronto Mental Health Clinic and private physicians. A number of cases are also entirely voluntary.

In addition to the psychological and social work contribution to the psychiatric assessment of the offender, to be discussed later, ancillary tests, such as electroencephalograph and X-ray, are carried out at the Toronto Psychiatric Hospital and the entire consultant medical and surgical staff of the Hospital are available.

2) *Treatment.* It is with regard to treatment that the Forensic Clinic might well be regarded as unique. Unlike most court clinics,

which offer diagnostic services only and are usually attached directly to the courts, this clinic is able to carry out outpatient treatment of offenders. If treatment, in the form of psychotherapy, is recommended in the pre-sentence report, the clinic can carry out such a suggestion. Several types of psychotherapy are available, including intensive, long-term and reconstructive psychotherapy, re-educative and supportive psychotherapy. The bulk of cases are dealt with on a once-a-week basis. Specially selected cases of homosexuality, exhibitionism and pedophilia are being carried on an intensive basis over a long period of time.

Particular efforts are being made in the use of group psychotherapy. At the time of writing, a group composed of homosexuals has been in therapy since January 1957. Another group, composed solely of exhibitionists, has been in similar therapy since July 1957. More recently, a group of pedophiles, with other deviations in the older age group, has been formed. These three groups are under the direction of psychiatrists. A group of adolescent behaviour disorders was carried for a short while but difficulties with regard to acting-out and impulse activity were such that the group did not work satisfactorily. In the past two months, a special group has been formed of the wives of exhibitionist patients, this group being led by an experienced clinical psychologist.

3) *Teaching.* As part of the Toronto Psychiatric Hospital, the Forensic Clinic has a close affiliation with the University of Toronto and the Faculty of Medicine. Teaching involves both undergraduate and postgraduate students. For a period of six months, two postgraduate physicians in psychiatry are assigned to the clinic for training. They participate in a seminar program, receive teaching and experience in group psychotherapy and have a number of tutorial sessions in psychodynamics and individual psychotherapy. The clinical staff participate in the medical undergraduate teaching program. Teaching is offered also to other groups and disciplines, such as psychologists, social workers, nurses and probation officers.

4) *Research.* The demands of service have restricted the clinical research program. Nevertheless, efforts are being made in the intensive study of the psychodynamics of the perversions in depth along longitudinal lines. The use and efficacy of group psychotherapy is being examined. A study is under way of the comparison of the sexual perversions with groups of normals and other diagnostic categories with respect to emotional immaturity. Follow-up studies of the results of individual psychotherapy in all types of offender will be done.

The psychology department consists of three clinical and two research psychologists, and it participates in the three major functions of the setting, viz. research, service and teaching.

The clinical psychologist, in his service capacity, acts as a member of a team which includes the psychiatrist and social worker. His contact with the patient is initiated through a referral by a senior psychiatrist, as part of the intake procedure.

The referral issue may be general or specific. The psychiatrist may request an appraisal based upon a complete workup of the data obtained from a battery of objective and projective tests, with an opinion regarding the patient's suitability for psychotherapy. On completion of testing, the psychologist submits a formal report of his findings regarding the patient's dominant drives, defenses, areas of conflict and their origins, and the resources available for therapy. Although phrased in dynamic terms, the report attempts to achieve the utmost in clarity of meaning. At a later staff conference, this information is integrated with that derived from other methods of appraisal, resulting in decisions of a diagnostic and administrative nature.

One problem, fortunately infrequent, in pre-sentence cases involves the patient who denies the sexual offence with which he has been charged or convicted. A thorough psychological appraisal, undertaken by the experienced clinical psychologist, can provide material which is of a distinct aid in the assessment of such patients.

Specific referral issues may focus the investigation upon probable brain damage, psychometric intelligence, or perhaps some limited problem of differential diagnosis. Special tests and procedures may be resorted to in such cases.

The forensic psychology staff participates in certain aspects of the clinic teaching program, sharing responsibility with the senior psychologists of other hospital departments for the theoretical and practical clinical training of psychology graduates; and for the communication of psychological methods and techniques to other disciplines.

At the time of writing, two major research projects are nearing completion. In the first of these, a prepared series of questionnaires is administered, individually, to all patients. These forms provide an intensive coverage of the patient's sexual and occupational history, and his report of his interaction with his parents. The hypotheses of this study bear upon the identification process and the relationship of attitudes toward parental figures to adult sexual behaviour and occupational choice.

A second project aims at clarification of personality trait differences occurring between groups of homosexuals, neurotics and normals. An extensive battery of objective tests, sampling eighteen personality traits, is being administered to patient and normal samples. This research should provide refined diagnostic instruments in addition to its descriptive, theoretical value.

The casework process, which is the method of treatment utilized by the social worker, has been described as the process of facilitating the

conscious adjustment (or adaptations) of individuals to their (social) situation by means of individual relationships, group experiences and the provision of social resources. In one sense then, the psychiatric social worker focusses on the interpersonal relationships within the patient's environment, while the psychiatrist focusses on the pathological elements in the illness that interfere with the progress of the patient in these relationships.

In terms of service function, then, the social worker at the Forensic Clinic has a contribution to make ranging from the fields of diagnosis and assessment to the area of treatment — extended either directly to the patient or indirectly to significant members of his family constellation.

The patient's first contact with the clinic is through the intake interview. This interview, conducted by the social worker, is used to interpret the clinic's function to the prospective patient; to gather "social history" data essential to a broadened understanding of the patient; and to assess the patient's motivational level, need for help and ability to benefit from treatment. This information is pooled with that obtained from the psychiatrists and psychologists in the intake procedure, and final disposition of the case is made in an Intake Conference.

If the patient is taken on for psychotherapy, the social worker may be involved at any time in helping the patient in his social situation — e.g., jobs, housing, financial and budgeting assistance, recreational activities, educational and vocational guidance and other affiliated areas.

In other cases, "environmental manipulation" may often involve regular interviews between the social worker and the patient's wife or parent, in an attempt to work through many of the problem areas in the marital situation or parent-child interaction. Quite often, the wife of a sexual deviate may have emotional problems of her own which can seriously impede the patient's progress in therapy. Treatment of both partners, by psychiatrist and social worker, has proved a most effective way of resolving certain issues in the "neurotic interaction" in many of these marriages. Similarly, in most cases involving delinquency or perversions on the part of adolescents, it has proved essential for the social worker to work with the parent in order to bring about improvement in the child.

There are some instances where it is apparent that the healthy, positive aspects of the patient's personality sufficiently outweigh the pathological elements as to suggest social work skill will be the most appropriate form of treatment so that these aspects can be actuated in order that the patient may function more adequately in his environment.

In other instances, where the pathological elements do not seem susceptible to significant change, but where some measure of healthy personality remains, sufficient to warrant the effort at using this small

strength within the patient so as to bring about a more satisfactory adaptation to the environment than hitherto achieved. casework services are utilized. In such instances, then, the patient will be treated on a case-work basis by the social worker, rather than through psychotherapy. This approach has been found effective with some mentally retarded cases, and also with some of the older male sex offenders.

Finally, the social worker at the clinic is involved in the teaching, research and interpretive aspects of the clinic. Social workers with adequate grounding in group psychotherapy theory also function as group leaders. At the present time, there are three social workers on staff at the clinic. In addition to the afore-mentioned duties, the social worker acts as a liaison between clinic and community—including probation officer, united appeal agencies, clergymen and affiliated bodies.

Our limited experience and understanding of offenders, especially sexual deviates, indicates that this is an area with a tremendous future. Already close liaison has been established between those who treat offenders and those who control probation. The courts are making further use of our facilities and an increasing number of patients are coming voluntarily. Much remains to be done in the realm of public education but it is to be hoped that eventually the management of those who come into conflict with the law will be changed for the ultimate benefit of the community.

¹ Wille, Warren S. *American Journal of Psychiatry*, 114 (December 1957)

² Benedict, Paul K. *American Journal of Psychiatry*, 114 (June 1958)

³ Stoller, Robert J. *American Journal of Psychiatry*, 115 (August 1958)

En 1956, on établit une clinique légale au dispensaire externe de l'Hôpital psychiatrique de Toronto. Quoique la plupart de ses clients aient été des délinquants sexuels, un nombre à peu près égal a révélé d'autres problèmes de comportement propre à l'adolescence. Les fonctions des divers membres du personnel font l'objet de discussions.

A Modern Security Institution For Delinquent Boys

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The invitation to comment on the first maximum custody school for juveniles in Ontario when it has been in existence only seven months is the kind of invitation which is accepted with great trepidation. The school has hardly been open long enough for us to become aware of its problems and defects, let alone forecast its value, and therefore any comment made at this stage must be concerned more with future aims than with what little has been achieved to date. The Editor apparently feels however that it may be of value to state the pros and cons of this kind of school and that a brief description of the daily operation of the school may be of interest.

The opening of the school was met with disapproval by some, cautious optimism by others, and the somewhat apathetic view by still others that it is a necessary evil.

It is to the discredit of many that their disapproval did not appear to be based on rational, scientific grounds but on the thesis that the minimum security or open school is the only type of institution that can be therapeutic; or it was based on the assumption that maximum custody and punishment are synonymous terms. Many criticisms were not the product of creative and constructive thinking and sprung perhaps from the desire to appear progressive and fashionable by condemning such a shocking innovation as a closed school in this day and age. One may be forgiven for thinking that if there has to be any condemnation it should be of the closed mind, not the closed school; it should be of those who, falling back on regurgitated thought and repetitive action, criticized the clear thinking and bold action of those who planned the school.

The "necessary evil" school of thought at least had a viewpoint which was understandable, and realized that unless a closed school was built they were faced with the alternatives either of allowing the small percentage of young people who constitute a real danger to the public to run loose among the community, or of sending them to an adult institution where environmental conditions were unsuitable. This viewpoint ignores, however, the possibility that other types, too, may benefit from a closed school.

Others, notably Dr. Scott,¹ have set forth in far more convincing fashion than the writer is capable of achieving the arguments for and

against the closed school. Any institution will have its disadvantages and its advantages but from our own extremely limited experience the advantages would appear to be:

1. The closed school is the only school which can concentrate on the special needs of the boy who constitutes a menace to the community
2. As it is possible to contain the boy who in the past has been a persistent absconder, a constructive and continuous form of treatment can be maintained without interruptions caused by the boy's running away
3. The problem of the runaway in the open school is not merely that he runs but that having been sought for, recaptured and returned, his resentment and bitterness are often increased and he becomes a bigger problem than before
4. If the possibility of running away is removed it no longer constitutes a temptation or challenge and the tensions which are built up among staff and boys around the plots and plans to run are reduced if not eliminated
5. With temptation removed, the boy is faced with little alternative but to dismiss the thought of running and to knuckle down to do a job of work and get along as well as he can with his fellows
6. Perhaps the biggest advantage of this particular school is that it is small and the supervisor-student ratio is high. It should be possible therefore to develop a close relationship between a supervisor and those in his care, to make flexible individual treatment a reality, to give the supervisor the opportunity of developing a high degree of insight into the personality of each boy in his care, and to foster a sense of community
7. Because of the custodial features of the school it is possible to segregate the pathetically inadequate boys from the very aggressive ones who can not only make life miserable for them by forcing or leading them into committing silly and childish acts, but whose attitude to them tends to make them more submissive, more withdrawn and even less self-confident than they already are. This complete division, which is humanly impossible to achieve in the open institution should enable this type of boy to develop at his own pace, to acquire slowly but happily those social and technical skills which society demands we must all possess, and so make him a more confident and self-sufficient entity

The disadvantages of the closed school have been emphasized by many and would appear to fall into the following groups:

- (a) The tendency to increase a boy's feeling of dependency, and thus make him more institutionalized and less capable of dealing with the outside world, this helps to swell the number of those individuals who would rather be told what to do than face the agony of making a decision for themselves
- (b) The boredom and sense of frustration which results from being in a closed school
- (c) The sharp transition from the closed school to the outside world when a boy is eventually released.

To acknowledge that there is truth in these charges does not mean that they are insurmountable obstacles. The transition from the school to the community need not be sharp; for example, in this school it is permitted to put a boy to work on that part of the school grounds which is not closed when it is felt that he is capable of handling that freedom; later the boy may be put to work in the city, leaving the school each morning and returning each evening, when it is felt he can cope with this additional freedom and its additional responsibility. The boredom and frustration can only be combatted by making the program as varied and as interesting as possible. Whether the battle will be won or not will depend largely on the ability of the staff to foster and develop new activities and interests as well as stimulate the old. At this point one can only express recognition of the fact that, with this group more so than with other adolescents, the future is so uncertain to them that the present must not be aimless.

While one may question whether the closed institution must necessarily tend to produce more institutionalized boys than the open school there is no doubt that the first disadvantage mentioned above is a very real one and it is a fact that *all* institutions must cope with the problem of dependency. Facts, however, are like bricks: they can be used to break windows or to build houses and some day we might learn to turn this real danger of increased dependency to our advantage in the way that Dr. Bowlby² reports has been done elsewhere.

Of the school program every attempt is made to ensure that the average day is a long one—from 6:30 a.m. to 9:30 p.m.—and a busy one. During the day, boys are in the academic classroom or one of the three trade training shops from 8 a.m. to 5 p.m. After supper until bedtime there is recreation inside or outside and recreation, whether it is games, gymnastics, arts, crafts, music or whatever, consists of one period where the content is dictated by the instructor and one period where the individual or the group pursues his own choice.

While there is flexibility so far as transfer from one shop to another or the re-arrangement of a curriculum to meet a boy's needs is concerned, stress is laid upon the necessity of developing good work habits whatever

the job in hand. We consider it vitally important that a boy should learn to do a job whole-heartedly and persistently and take pride in his effort and achievement. To date our experience is that of others, namely that with so many of these lads the problem is not so much that of re-channeling the excessive energies of the adolescent but that of awakening him from a state of apathy and finding some worthwhile interest to which he can apply himself. Until this is done he will remain unaware that one of the great differences between mere existence and purposeful living lies in the fact that the latter entails the achievement of a series of well defined objectives — in other words the focus on an interest and the development of a skill can be the starting point towards learning how better to adjust to one's environment and achieve pleasure in doing it rather than drifting from day to day at the mercy of circumstance.

The building itself contains four living sections, each with twelve rooms. Given a situation where twelve boys and their supervisor work, play and eat together day after day, it is believed that counselling can become counselling in its full sense — not something that is imposed or administered once a week but an integral and accepted part of one's daily life. To be successful, this plan will require tact, understanding and the ability to take a firm stand on the part of the staff; above all it will demand that the staff member be a mature person who is capable of practising in his daily life those virtues he upholds. Indeed, counselling itself to be effective must have as a necessary corollary that relationship which grows from the daily sharing of mutual experiences with someone who is respected for what he is and does and not for what he says.

The possibility of using these four living sections as four stages — reception - stage 1 - stage 2 and a final stage, with each stage carrying different degrees of privileges — was considered but rejected; first, because, administered fairly, it could give rise to a bottleneck which could only be dispersed by advancing some boys before their time or retarding others who should be going ahead, and secondly, because it was believed that inevitably there would be those who would never make the grade. The division then, after an initial period of reception and observation, is basically that mentioned earlier between the inadequate (one section) and the aggressive types (two sections): between those whose response to a given situation is not socially acceptable and those who appear to be insufficiently endowed; between those whose primary need is to learn to live, work and get along with others and those who are in need of self-development or status.

Any assessment of the advantages and disadvantages of a school such as this, or any description of the school and its methods must of necessity be brief at this point in its development. Time will see changes and time will prove whether our cautious optimism is justified, but time has already shown to all in the correctional field that the greater the

number of smaller institutions, each designed and staffed to cater for the specific needs of its population, the stronger becomes our hope for eventual success.

¹ Stott, Dr. D. H. *Saving Children from Delinquency*. New York: Philosophical Library, 1953. 266 pp.

² Bowlby, Dr. John. *Child Care and the Growth of Love*. Penguin Books Ltd., 1953. 190 pp.

Le directeur de la nouvelle institution de sûreté pour jeunes délinquants de Guelph, Ontario, s'élève contre l'opinion selon laquelle l'institution de sûreté serait, au mieux, un mal nécessaire. Il fait remarquer que c'est la meilleure forme de traitement qui puisse convenir à certains délinquants et maintient qu'une telle institution peut donner d'excellents résultats.

La psychologie devant la délinquance juvénile

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Enfance délinquante: on ne saurait nier que ce sujet ait acquis de nos jours une vaste audience auprès de ce qu'on appelle le grand public. Enquêtes, reportages, révélations "sensationsnelles", livres écrits à grand renfort de points de suspension, et même films cinématographiques qui essaient de rapporter quelques images, de susciter quelque pitié, de prêcher quelque réforme.

Or le problème de l'enfance délinquante mérite plus que des images d'Épinal: il requiert de nous des réflexions sérieuses.

Pour le psychologue, tout délit, avant d'être un phénomène juridique, constitue toujours une action humaine. Il est partant naturel que, pour en connaître la genèse et le dynamisme, il faille étudier la personnalité du délinquant selon ces mêmes critères et ces mêmes méthodes qui sont généralement adoptés dans l'étude de l'homme en général. On doit donc étudier le délinquant en étudiant avant tout l'homme, afin de pouvoir procéder à l'étude de l'action délictuelle dans sa valeur essentielle d'action humaine.

Ce ne sont pas les lois qui créent le délinquant: Ce sont les exigences individuelles qui en heurtant par leur développement irrégulier, les normes prévues et fixées par la loi, donnent lieu à des actions considérées comme délictuelles.

C'est la science de la personne humaine qui signale que l'homme ou l'enfant deviennent anormaux lorsque cette harmonie est troublée ou altérée par le développement de processus morbides et de conflit entre le "moi" individuel et le "moi" social.

Pour cette raison, les études psychologiques sur la délinquance juvénile doivent être basées sur la science de la personne humaine, et par conséquent sur la connaissance de tous les processus et de tous les phénomènes qui forment la base de son processus évolutif, et qui sont susceptibles d'exercer une influence sur la normalité et sur l'anormalité de cet important phénomène qu'est la délinquance juvénile; phénomène qui est lié à la santé mentale et sociale de l'enfant.

La base des études psychologiques dans le domaine de la délinquance juvénile, doit donc être formée par la science de la personne humaine. En effet, l'étude du délinquant doit toujours partir de ces connaissances qui concernent l'homme ou l'enfant normal i.e. l'individu qui possède un

état de santé mental et social suffisant par le fait qu'existe en lui l'harmonie nécessaire entre les différents éléments qui constituent sa personnalité.

Pour le juriste, la délinquance juvénile est une notion claire et bien délimitée dont les lois donnent une définition précise. En une formule lapidaire, un auteur écrit: "La délinquance juvénile est ce que la loi dit qu'elle est".

Or notre première tâche est sans doute d'insister sur le fait qu'à cette notion juridique bien déterminée ne correspond à aucune notion psychologique univoque. Il *n'existe pas une maladie nommée délinquance* et encore moins un type psychologique unique qui serait celui de tous les délinquants et seulement celui des délinquants.

Et pour le prouver il n'est pas inutile de rappeler certains faits.

Tout d'abord les lois qui définissent la délinquance juvénile diffèrent d'un pays à l'autre. De plus les lois d'un milieu, même si elles tendent à s'inspirer de certaines données psychologiques, ne sauraient, de par leur nature même, tenir compte de ces données avec toutes les nuances individuelles que le psychologue estimerait opportunes. C'est notamment le cas pour les questions relatives aux âges minimums et maximums à partir desquels telle procédure ou telle mesure sont ou ne sont plus applicables. Un exemple particulièrement frappant en est fourni par Pearce lorsqu'il rappelle que, selon la loi britannique, un garçon est considéré comme ne pouvant avoir de rapports sexuels avant l'âge de 14 ans accomplis; aussi un tribunal des mineurs n'a-t-il pu s'occuper du cas d'un garçon de 13 ans et demi, auteur du viol d'une petite fille, suivi de la mort de la victime, si ce n'est pour le déclarer "non coupable".

Puis la façon plus ou moins efficace dont la police applique les lois introduit, du point de vue du psychologue, un élément très arbitraire dans la notion de délinquance juvénile.

Enfin la sévérité dans l'appréciation des infractions peut varier beaucoup, non seulement d'un état à l'autre, mais aussi d'un juge à l'autre, introduisant un nouvel élément psychologiquement artificiel dans la notion de délinquance.

Ces exemples démontrent déjà, à eux seuls d'une façon évidente que du point de vue du psychologue, le groupe des délinquants juvéniles ne saurait être considéré comme homogène.

La psychologie, de plus, tend à prouver que la distinction entre délinquants et non-délinquants, surtout lorsqu'il s'agit de mineurs, est non seulement arbitraire, mais que, d'une façon plus générale, elle dépend souvent de facteurs quantitatifs plus que de facteurs qualitatifs spécifiques. En d'autres termes, c'est souvent *l'intensité particulière* avec laquelle certains facteurs individuels ou sociaux, n'ayant rien en eux-mêmes de pathologique, agissent dans un cas donné, qui fait basculer un enfant dans la

catégorie juridique des délinquants alors que, psychologiquement, il ne se distingue à peine, d'un autre individu resté à l'abri des sanctions pénales.

Bien entendu, il serait absurde de nier toute corrélation entre la délinquance et certains faits psychologiques. Mais alors que pour le juriste, pour le sociologue et l'éducateur, le mineur délinquant constitue un groupe bien défini, la délinquance n'est pour le psychologue qu'un des multiples aspects de l'inadaptation sociale. En d'autres termes, le psychologue constate que, dans le cadre d'une même société ou d'un même groupe, certains individus sont capables de se soumettre aux règles et aux tabous généralement admis dans ce groupe ou dans cette société, alors que d'autres ne le peuvent pas. Ces derniers individus constituent un groupe qui n'est psychologiquement pas homogène, mais dont les comportements peuvent cependant être éclairés à la lumière de la psychologie.

C'est dans ce groupe que se recrutent la plupart des délinquants. Mais tous les inadaptés ne sont pas nécessairement des délinquants.

Il existe cependant un aspect de notre problème sous lequel le groupe de mineurs délinquants apparaît comme homogène, même aux yeux du psychologue. En effet, quelle que soit l'étoffe d'un délinquant, le fait d'avoir été désigné *comme tel* et d'avoir fait l'objet de certaines mesures déclenche en lui certaines réactions psychologiques indépendantes des motifs de la délinquance et communes à tous ceux qui ont subi le même sort que lui. D'autre part, l'opinion publique, la société des "honnêtes gens" réagit, elle aussi, à l'égard du délinquant, indépendamment des particularités de sa personne et du seul fait qu'il a été déclaré délinquant. L'étude psychologique de ces réactions est importante afin d'assurer le traitement efficace des mineurs délinquants.

Si l'on voulait proposer un commun dénominateur psychologique susceptible de provoquer la conduite délinquante.

Si l'on voulait déterminer la genèse et la dynamique d'une conduite délinquante, c'est dans le secteur de l'effectivité qu'il faudrait d'abord pousser notre recherche. En effet, les psychologues affirment uniformément que les causes d'un défaut d'adaptation de l'individu au milieu (la délinquance juvénile en est un) doivent, avant tout être recherchées dans le secteur de l'affectivité, et plus précisément dans le secteur de ces altérations de l'affectivité qui exercent une influence plus directe sur la conduite individuelle. Cela signifie que c'est précisément dans les variations et dans les altérations de l'affectivité que l'on retrouve la genèse de toutes ces anomalies caractérogiques et de la conduite, qui, dans certaines circonstances, donnent lieu au développement d'actions anti-sociales. A ce sujet, il est opportun de signaler que l'on affirme que l'une des caractéristiques fondamentales de la personnalité du délinquant se retrouve précisément en une maturité défectueuse de l'affectivité.

En effet, tout comme le petit enfant, le délinquant sacrifie volontiers ses avantages futurs aux satisfactions du moment; il évite de tenir compte

des exigences de la réalité toutes les fois que celles-ci s'opposent à la satisfaction de ses besoins, et c'est justement par suite de cette attitude qu'il se met plus facilement que d'autres en conflit avec la société, et plus facilement qu'il tombe dans ces conflits entre son "moi" propre et son "moi" social.

En conclusion il me paraît bon de rappeler qu'aux yeux de la psychologie, il n'y a ni bons garçons ni mauvais garnements, mais seulement des enfants dont les uns ont moins besoin d'être aidés et les autres beaucoup plus.

Here, a psychologist working in a modern clinic serving the courts and training schools of the Province of Quebec, describes some of the psychological processes involved in delinquency. He maintains there is no unique psychological type among delinquents.

Special Disciplinary Reports

A suggested way of dealing with disciplinary cases in a closed adult institution.

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A system of special reports being used as a method of controlling problem inmates at the Ontario Reformatory, Guelph, has proved very satisfactory. This simple system has been in effect for more than a year.

In addition to the ordinary routine reports which tend to group inmates as a mass rather than individuals, special reports are prepared for certain cases. These cases fall roughly into two categories: the irresponsible, unstable inmate who must be under close and constant supervision if he is to conform properly, and the instigator-leader inmate or, as he is known in inmate language, the "big wheel" type.

There are two types of special reports—daily and weekly. In each case, two reports are prepared on each inmate, one by the officer in charge of the man's living quarters and one by the officer in charge of his work party. Reports are on stencilled forms and deal with the inmate's attitude, conduct and, when applicable, industry. Of necessity, the reports must be concise yet must contain as much relevant information as possible.

Some supervision of staff in the preparation of reports is necessary since the value of the reports and the success of the project are entirely dependent upon the accuracy and observation of the officers concerned. Getting staff members to realize the importance of these reports is a prime factor, and they must be aware that their reports are very carefully studied and acted upon, and are not just another added chore that no one takes seriously.

Usually there are some twelve to eighteen inmates on daily report and about the same number on weekly report. This means a total of twenty-four to thirty-six problem cases under supervision, or about three per cent of the inmate population. The inmates on daily report present themselves each noon hour after lunch at the captain's office. Those on weekly report are seen Tuesdays immediately before lunch. Inmates are seen by the superintendent who makes observations to each inmate on the report received. The fact that the superintendent takes sufficient time each day for this purpose emphasizes the importance of the matter in the minds of inmates and staff.

Inmates are placed on report by the superintendent on recommendation of staff members or from his own observations. They are imme-

diately informed of their new status, why this step has been necessary, and what is expected of them. The length of time each inmate spends on report varies. In some cases two weeks or so is sufficient. In other cases inmates may be on report for their entire sentence. The normal procedure is that inmates on daily report are changed to weekly report after they have given indications of settling down.

One of the values of the system is that it provides a daily opportunity to keep the irresponsible type on an even keel. If one of them slips, he can be checked immediately. Otherwise, the slipping would continue and he would have to be charged with some breach of regulation and punished. As far as the subversive type is concerned, it is well known they prefer to operate in obscurity insofar as the institution officials are concerned. The fact that this obscurity is thrust aside and they are in the limelight of close scrutiny disconcerts them. Further, the fact that they must report daily lessens their "big wheel" status in the eyes of their fellows. This point alone is a decided deterrent to others of similar nature who, rather than risk being placed on report, restrict their activities.

Records show that charges for breach of regulations against inmates on report drop to less than twenty per cent of the charges the same inmates had before being placed on report. Records also show that those who are taken off report are seldom charged with breach of the same regulations afterwards. It would appear that the system has a settling effect upon the inmates concerned. It is also evident that being placed on report does not arouse antagonism or resentment. It is pointed out to the inmate that these reports will benefit him by ensuring that improvement is noted and credit given, and this in turn is reflected in all aspects of the inmate's institutional life, particularly in regard to better work assignments and more favourable parole and ticket-of-leave reports. Without such special reports it is often difficult to recognize improvement since the man has earned himself a poor reputation.

Some problem cases, particularly those of the irresponsible type, have shown remarkable improvement in their conduct. One inmate under daily control changed from being just about the worst inmate in his dormitory to one of the best and took great pride in his achievement. While this case was outstanding, many have responded to a lesser degree. There is no doubt that this exercise of close control can have a lasting effect in some cases — extending even after discharge. Being closely guided and controlled, the inmate becomes more stable and adjusts his manner and attitude to the required condition. While most inmates are desirous of being off report there are a fair number who request to stay on or who, after being taken off, ask to be returned. They have stated that it is the only way that they can stay out of trouble.

The system has been well received by the staff. They realize that the purpose is to assist them in exercising control of inmates. It seems

to give officers a feeling of confidence, and the feeling that senior officials are interested in their problems. By identifying inmates who might be difficult, special reporting helps relieving officers to whom the group of inmates may be strange. So often an officer in charge of a group of inmates has one or two problem cases who disrupt the entire group, yet who avoid breaches of regulations. Reports are a definite help in these cases and give the officer the feeling of being one of the team rather than an individual.

Furthermore, the system affords senior officials an excellent opportunity to evaluate officers. Reports have individuality; they show interest and originality; they show perception and observation; they show ability to transmit information accurately and intelligently. They certainly show which officers can be expected to progress, as well as showing the ones to whom the work means nothing more than a pay cheque.

Special reports permit a superintendent to keep a close finger on the pulse of the institution. There is a remarkable uniformity, day by day, in the reports. Almost all are good, although one or two may be unsatisfactory. If conditions commence to deteriorate within the institution there certainly would be an immediate reflection in the context of the reports of thirty or so of the poorest type of inmate. Their attitude would change, the bitterness and resentment which accompanies tension would show, and this would be a sure and speedy warning to officials.

All in all, the system of special reports, while still being experimented with and improved upon, has proved highly successful.

Le surintendant Sanderson a mis en pratique un procédé permettant de réviser systématiquement les cas disciplinaires; le prisonnier se présente régulièrement et le personnel participe à ce procédé. Il s'agit de l'institution "Ontario Reformatory" de Guelph.

Psychiatric Consultation: Fact And Fallacy

The use and misuse of psychiatric
consultation by the social worker

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With increasing attention and effort being accorded to matters of human welfare, one may assume that practitioners of the social sciences will be brought together to work out their mutual problems with a comparably increasing frequency. Attention is focussed, in this writing, on practitioners of two of the disciplines involved, namely, the social worker and the psychiatrist, particularly in one arena of shared activity, the psychiatric consultation.

Written from one psychiatrist's point of view, this interpretation of the function and use of psychiatric consultation will no doubt meet with disagreement. It is directed mainly to social workers as a guide toward making best use of the consultation. While much of it is critical it is not written without a sincere appreciation for the problems faced by the social worker and without fond memories of many valuable consultations shared with social workers.

Some conscious study of this method of practice is especially necessary because of the transitional process involved in the application of sociological and psychological concepts in areas which are only just coming under the organized scrutiny of sociology and medicine. Alcoholism, drug addiction, crime and delinquency, and other more diffuse matters of social-inter-personal maladjustment are not the exclusive hunting-ground of either professional discipline. One wonders at times if there is anywhere a clear and satisfactory disciplinary distribution. Despite technically differing frames of reference, social workers and psychiatrists find themselves working with the same problems in the same clients. However, we can, with reasonable certainty expect that these disciplines will be brought together more rather than less as they continue to strive for a compatible application of efforts in fields where there is much overlapping of philosophies, particularly in correctional work, where methods are not yet fully developed or clarified.

Of the ways in which sociology and medicine come together, the seeking of psychiatric counsel by the social worker is one method which has not resulted in a unanimous vote of confidence either from the ranks

of social work or of psychiatry. At times, indeed, much bitter feeling has been generated. The method is called consultation yet it is not entirely similar to the traditional medical consultation with which the psychiatrist is familiar. While we may concede that some of the dissatisfaction lies at a personal level, it appears nevertheless that some of the less-than-happy results can be traced to incomplete or mistaken understanding of the limits and possibilities of psychiatric consultation on the part of both social worker and psychiatrist.

Social workers sometimes complain that the psychiatrist, with his head in the clouds, reels off a barrage of multi-syllable esoteric terms which no one else (or including the psychiatrist) understands. It has been said that the social worker in the community has to deal with the problem "where the rubber meets the road", and that the psychiatrist is unrealistic in recommending procedures which are quite beyond the practical possibilities of the worker's situation. Psychiatrists are accused of never committing themselves to a definite opinion, of giving advice that does not work, or of failing to give advice when the need for advice is felt so urgently.

On the other hand psychiatrists complain that social workers are naive and try to reduce the complexities of human life to oversimplified formulae, or that social workers are trying to be amateur psychiatrists in attempting to deal with problems which are beyond their training and competence. Social workers are accused of falling under the spell of seeing themselves as the administrators of others' lives and of dumping off their undesirable clients on the psychiatrist's doorstep. Psychiatrists are particularly annoyed at social workers who arrange and attend psychiatric conferences without having prepared an adequate case record.

It is quite likely that these complaints and many more have a basis in truth. Unfortunately complaints, no matter how justified, are not guaranteed to produce the desired results. They can, however, be used to make an honest evaluation of the situation and from it to return to the problem with all parties entertaining realistic expectation of what may result, and with each party contributing appropriately to the situation.

What Can a Consultation Offer?

One might ask first, "What is a consultation?" Medical consultation with which the psychiatrist is familiar comes from a request for advice from one medical practitioner to another. Often the consultant is a specialist. Whether it is said in so many words or not the implication is that the attending physician making the request feels unable to handle the case and is prepared to be guided by the consultant's advice. He is not shopping for opinions, nor acting out of idle curiosity. He may, for a time, have to turn over the management of the case to the consultant and abide very strictly by the instructions and advice given. He may

have to make drastic changes in his own approach to the treatment of his patient.

When a social worker, therefore, approaches a psychiatrist with a request for a consultation the psychiatrist has something of the above picture in mind. He expects the social worker to be prepared to examine the total situation between himself and the client and to be guided by the psychiatrist's recommendations. At this point, however, there appears to be some differences with the traditional medical conference. Many conferences and consultations are conducted with social workers following a one-hour psychiatric interview. Sometimes there are additional interviews, psychiatric social history, psychological tests, and other ancillary resources: sometimes consultations are expected with the patient in absentia, the psychiatrist having to rely on the written and verbal report of the social worker.

Some of the breakdown may occur here, in that the psychiatrist is expected to give a comprehensive analysis, plus advice, and predictions on a minimum of evidence. A fact which both social worker and psychiatrist have to keep in mind is that patients often do not portray their psychic problems fully for weeks or maybe months; and sometimes seemingly never. There is a limit to what the psychiatrist can determine in one hour. Social workers may be expecting too much both from the psychiatrist and from themselves: psychiatrists may overestimate the accuracy of their opinions and advice or may feel obliged to pass opinions when they would rather not.

A. Some fallacies regarding psychiatric consultation

1. The assumption that the client is inevitably sick or otherwise pathological.

The fact that the work with the client is not going well or that the worker's cherished practices do not seem to be achieving the desired results may be an indication that the method is wrong, or that the assessment of the problem is inaccurate. The child assessed as "behaviour problem", may be "normal child reacting to abnormal situation". The consultation therefore cannot be restricted to a discussion of the client only, but must be applied to the total situation, including the frame of reference of the social worker and his agency.

2. The belief that the psychiatrist, after one or two interviews has a complete picture of the case and can prescribe adequate treatment.

Actually this is a double error—

(a) in assuming that the psychiatrist works according to a clear-cut, exact frame of reference and is a "digger of hard facts from some rich mine of certainty", and

(b) in assuming that, because the psychiatrist has assessed the client adequately, he can transmit his understanding of the situation and outlook for treatment to workers in a different discipline through brief conversation or written report.

Psychiatric and social therapies have been described many times as an art rather than an exact science even though the art is founded on science. This places a high priority on skill, experience, maturity, and flexibility; and these are qualities to be developed from within, not absorbed from without. One can as logically prescribe treatment for many social-interpersonal disorders as one can in a few well-chosen words transmit the knowledge and skill required to tune a piano.

Fundamentally the psychiatrist is in error if he attempts to advise treatment techniques to persons whose skill and capacity are not adequately known to him. Sometimes the only appropriate opinion from a consultation is that the worker will simply have to study and train more if he expects to handle the problem properly.

3. The expectation of predictions.

Like the weather, the future of human behaviour can be referred to as probabilities only. So much is not known that the operation of unknown factors must always be taken into account. A physician in court, whose patient had committed suicide was asked on the witness stand whether or not he knew his patient was going to take his own life. The reply was simply that the physician could not predict for sure what any person would do in five minutes time. For this reason psychiatrists talk in terms of "may", "perhaps", "would appear", etc.; because to be more definite would so often be unjustified and misleading. Opinions which seem to be very certain can turn out to be quite wrong.

4. Expecting that the psychiatrist will discuss or report his work in detail, or give out a diagnosis.

For one thing diagnoses start out so often as tentative diagnoses only. Time and continued observation are needed to verify or disprove the doctor's initial assessment. More important however is the lack of organized and classified diagnostic categories to fit the vast field of social-interpersonal problems. And as pointed out previously, sometimes it is the situation that is at fault, not the client. Generally speaking, diagnosing and treating are two aspects of case management, and are the responsibility of whoever is primarily responsible for the case. An awareness of psychological terms, and a good relationship with the client are useful tools, but do not necessarily equip the social worker

to deal with complex psycho-social disorders (which the psychiatrist may readily admit are also beyond his scope). Why giving of diagnosis and advice for treatment should be expected from a psychiatrist is somewhat of a mystery, since in a comparable situation with a patient whose difficulty might be surgical in nature, the social worker would hardly expect to be given the diagnosis and advice to perform, say, a piece of corrective orthopaedic surgery.

Perhaps because of the similarity between the nature and practice of social work and psychiatry, and perhaps also because of a lack of awareness of some of the fundamental differences, the psychiatrist's confidential file is considered to be open territory for allied workers. The information which the psychiatrist has obtained was gained through his skill as an interviewer, and through the client's expectation of medical confidence. If he has not the skill to obtain the information himself, one might ask how the worker presumes to have the skill to use it. At this point the psychiatrist may decide that the worker needs supervision, not a "hand-out" of information.

B. Some facts regarding psychiatric consultation

1. The psychiatrist can report with reasonable accuracy on the present state of the client's mental and emotional health. It is easier to make a positive diagnosis of mental illness than it is to state with certainty that the client is not mentally ill. If he is not sure the psychiatrist may recommend further observation.

An opinion can be given regarding whether or not the client appears to be in need of psychiatric treatment, either as an out-patient or in hospital. If the client becomes a psychiatric patient the doctor assumes responsibility for the management of the case to the degree he thinks necessary. If the worker or agency is not prepared to relinquish their authority in the case then the doctor is in an impossible situation and cannot do adequate work.

An opinion can be given regarding the severity of suicidal or other violent tendencies, but an exact prediction is risky.

In all opinions the psychiatrist reports his findings plus his interpretation. Both are based on a minimum of ten to fifteen years of specialized study and practice.

2. The psychiatrist can draw attention to particular abilities or lack of abilities or handicaps in the client, and by interpreting them, assist the social worker to form a clearer picture of the client. The success of this process, however, presupposes that the social worker knows his client well, has adequate time and interest to

help the client, and is able to understand the psychiatrist's interpretation.

3. Similarly the psychiatrist can work with the social worker in mapping out a plan of case management. According to one's definition of the term this may or may not be called supervision. The psychiatrist can point out what may be expected under certain circumstances, pitfalls to avoid, etc., but the process is better carried out as a working along together to see how things go, and to be done properly requires the setting up of a series of scheduled sessions, until by mutual agreement these sessions are no longer considered necessary.
4. Whether or not he has been actively involved in the work with the client in question the psychiatrist can help the social worker toward a better understanding of himself. Actually the worker becomes a client in such a case. It is not really such a strange idea: many psychiatrists have gone to their colleagues for help with their personal adjustment.

C. What are the social worker's responsibilities to the psychiatric consultation

1. A thorough work-up of the case, as far as he can go, so that all pertinent information is available to the psychiatrist. Since he is seeking the consultation, the responsibility is the social worker's.
2. Accurate understanding of and use of such technical terminology as is necessary. Every area of technical work has its special language. To a mechanic, a wrench is not just a wrench; there are many kinds, each with its special name and use. Psychiatrists undoubtedly are guilty of using big and important sounding words unnecessarily, but too many complaints and pleas from social workers for plain simplified language leads to the psychiatrist's interpretation that they are portraying only their lack of education.
3. A willingness to accept his own and his agency's limitations in practice.
4. A willingness to accept the limitations of the psychiatrist.
5. A willingness to learn and accept teaching when it is offered and is considered necessary.

D. Approaches to avoid

1. Insistence on seeing the psychiatrist's notes. This sort of approach is little more than professional "peeping" and has an inappropriate logic. The assumption is that if one only had the information one would know how to use it.

2. Asking for an opinion as a "shopping" technique. One may hear the remark "Well, thanks, I just wanted to get your opinion along with several others". The psychiatrist will naturally be curious at this point to know how the social worker is going to select the appropriate opinion.
3. Using terms loosely, without knowing exactly what they mean, or with the addition of the worker's own personal definition. Sometimes words may have slightly different meanings in different disciplines and the differences should be clearly understood. For instance, in the inter-psychic field of the social worker "conflict" comes to refer to differences of opinion, attitude, etc., between persons or social groups; with the psychiatrist "conflict" more frequently used in reference to an intra-psychic struggle in which two or more opposing trends within the same person are active.
4. Answering questions vaguely. For instance, the consulting worker may ask for help in working with a client whom he reports as being depressed. Since to the psychiatrist the accuracy of diagnosis and the reasons for the reported depression are essentials, he is likely to ask questions about how the diagnosis was reached by the worker, e.g., "What is your diagnosis based on?" One vague answer is "On my observation of the client". He again searches for the essential information and asks "Yes, but what signs and symptoms is your diagnosis based on. What observations?" A further vague answer is "My observations of everything about him during the interview".

Perhaps the social worker is correct in his diagnosis; perhaps he is not. The psychiatrist at this point is liable to make the interpretation to himself that the worker is either incompetent or is afraid to face too many questions. When patients behave this way they are called evasive; so are social workers.

5. Passing the buck. After a preliminary discussion of the case the psychiatrist may ask the worker what plan of treatment he had in mind. The worker's plan may be perfectly adequate and needs only encouragement. However, one sometimes receives a reply such as "You're the doctor", or "That's what I thought you were supposed to know". If the worker is strictly without a plan of his own he needs training, or more education, but certainly not a consultation unless as a result of it he is prepared to accept the psychiatrist's close supervision, perhaps for a lengthy period. He has little room for complaint if the psychiatrist simply advises him to return for consultation after he has worked out a reasonable plan of his own. Again, with patients this approach is looked upon as a bid for spoon-feeding without sufficient willingness to put forth one's own effort.

6. Rejection of recommendations on the argument that the social worker has not enough time.

If two interviews a week are recommended instead of one it is because the psychiatrist thinks there is a need for the extra investment of time and effort. No matter how justified the worker is in protesting that he cannot spare the extra time, his argument cannot be considered as a logical claim for an alternative recommendation that will work "just as well". If he has not the time to treat his client adequately he is wasting precious time of his own and of the psychiatrist in asking for a consultation.

In connection with time it may also be pointed out that the worker who cannot or will not take time to learn the skills required to utilize the information or advice from psychiatric consultation is wasting his time. He is asking that something which took the psychiatrist many years of professional study and practice to learn be conveyed to him in a single conference or consultation report.

7. Inadequate preparation of the client.

Nothing can destroy an interview relationship more effectively than the client's suspicions, realistic or otherwise, that he is being examined by the psychiatrist for reasons other than those interpreted to him by the social worker. In cases of psychosis or feared psychosis there is perhaps some justification for such a state of affairs for the sake of protecting life and limb. But the practice of truthful communication with clients needs vigorous preservation. Sometimes it falls to the psychiatrist to interpret to the client why he is being seen. Sometimes interviews terminate abruptly at this point.

What Is the Solution?

From this limited picture some conclusions may be possible. Regardless of whether these views are agreed upon by all concerned or not it appears that there is need for frank discussion of the problems concerned by the parties involved. It also seems necessary that there must be an awareness on both sides that there are some sharp and volatile complaints waiting to be voiced. As mentioned earlier some of the difficulties may arise because of the transitional nature of the areas of work involved; perhaps they are only just coming into focus so that workable treatment methods can be developed.

Some comfort can be taken from the realization that many many consultations have taken place and are taking place that lead to feelings of mutual respect between social workers and psychiatrists. Some have even been known to commit inter-disciplinary marriage. Where griev-

ances are active, they would be better aired and shared, otherwise the quality of professional work will suffer.

Perhaps more than anything else must be an acceptance that status quo cannot always be maintained. The motivation of the neurotic patient seeking psychiatric help has been described as a desire to "make the neurosis work better". The patient seeks relief yet resists changing his frame of reference; yet without changing his frame of reference he is not likely to achieve more than temporary relief. Likewise social workers may find it necessary to accept a change in frame of reference. The psychiatrist is defeated if underneath the request for help the social worker or the agency he represents refuses to look at its own frame of reference and consider making renovations.

D'après l'expérience de l'auteur, les travailleurs sociaux ne savent pas tirer le meilleur parti de la consultation psychiatrique, aussi donne-t-il quelques conseils pour améliorer cette situation.

After Care Pre-Release Preparation Of Prison Inmates

What the worker is seeking in
the pre-release interview and how
he can find what he seeks.

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(The first of two parts)

In 1953, the John Howard Society of Ontario established a full-time office in Kingston to carry on a pre-release service on behalf of the branch offices of the Society scattered across the province. This referral service developed until in 1956 fifty-six percent of the inmates of Kingston Penitentiary and sixty-two percent of those from Collin's Bay Penitentiary who were released on full-time expiry requested the service of the John Howard Society.

The pre-release preparation of inmates for after care service has developed into a highly skilled art in Canada in recent years, but the process has not been described in detail. This article acts out the methods, procedures and some of the techniques developed in our society.

Mechanics of Pre-Release Preparation

The referral service has its beginnings with prison staff. Upon admittance to Kingston Penitentiary, each inmate is interviewed by the classification officer and a report prepared for use in any treatment plan which follows. Following on treatment contacts which may occur during his sentence, the inmate is interviewed again possibly two months prior to his release. The inmate may refuse this interview but seldom does this happen. This interview is usually directive in nature attempting to help the inmate focus on the realities of his post-release situation. The rest of the individualizing process begins, and hopefully is carried to maturity, in subsequent interviews with the John Howard Society and National Employment Service. Upon request, any of these inmates may be interviewed by the John Howard Society, following which a referral summary is prepared for use by the John Howard Society's branch office at the inmate's destination. Upon date of release, the classification officer gives the inmate a card of introduction containing the time and date of his appointment for after care service and the name of the worker whom he will be seeing.

In considering the steps in the preparation for release process, it might be well to raise the question as to which agency should have first contact or interview with the inmate. The degree of preparation which the inmate has experienced through the classification officer's interview will colour the expectations which the inmate has concerning the agency interview. Clarification by the classification officer of the role of the agencies and the persons who represent agencies may have an important bearing on the attitudes and the feelings which the inmate brings to his interview. In the initial agency contact with the inmate, therefore, we try to help him formulate and crystallize his own post-release plan. The technique of advice-giving is kept to a minimum, so that the client may anticipate the self-determination inherent in his forthcoming freedom. The philosophy of this approach is very different from the authoritarian type of pre-release preparation which has characterized many prisons.

The pre-release interview is usually quite a lengthy one lasting from thirty minutes to one hour. The focus is on the nature of the inmate's request, his capacities and strengths, and the post-release situation which he anticipates. The program of the John Howard Society is interpreted, indicating the limits and potentials of the various services and the ways in which the inmate may obtain help. A semi-narrative report of the interview with these dynamics and content included constitute the referral summary document, together with the pre-release and admission reports. It may also contain psychological and psychiatric material. This makes up the basic file to which is added a pithy discharge report completed on the day of release by the classification officer. In the case of inmates who have declined an agency pre-release interview, the pre-release report of the classification officer is sent to the provincial office of the Society, and this will be on file in the event the man appears for service at any of the branches.

Approximately one month following release of the inmate a summary of his progress and his reactions to problems is sent to the agency worker at the institution from the other branches. The value of this document will be pointed out in the section of this paper dealing with the interpretation of standard post-release problems to the inmate.

The Pre-Release Interview

Social casework is the main method used in carrying out the Society's pre-release preparation program and an awareness of its value in this setting has emerged. Since 1953 a pattern has evolved dividing the interview into four main parts. This pattern has been used by visiting workers from other branch offices, and it appears to have a sequence and timing which is purposeful as well as suited to the needs of the inmates being interviewed. The four main parts of the interview are as follows:

1. The introduction which develops the inmate's request for help

2. A brief outline of agency service
3. The decision of the inmate to use the referral service
4. A more detailed interpretation of agency service, standard post-release problems, and community attitudes

The following description of the separate parts represent the interview content, though to suggest that these descriptions are applicable to every interview and every referred case would be to over-estimate the agency's present resources of staff time. Directiveness in interviewing technique arises from a need for brevity and may limit the full potential of the interview as a tool in pre-release preparation.

The Introduction

The first contact is in the waiting room when the worker calls the inmate's name and addresses him by a surname, Mr. This is invariably humorous to other waiting inmates since such respect has been absent from their lives since admittance to custody. The inmate then usually comes into the interview smiling or laughing at the incident, or he may be embarrassed at finding himself the centre of such a change in status. The objective here is to set a tone for the interview which reflects the basic attitude of the agency to him as a person. After a handshake, the formal introduction and seating, the worker usually says, "Your name is on my interview list, Mr.", or "I understand you are going out pretty soon, and that you want to talk with us about your plans for the future and how we can fit in with them". Following this, the inmate is allowed free rein to state his problem, request or fears, and sometimes this carries on for some minutes with the worker interjecting an emphatic "uh-huh", "yes", or "no". In this part of the interview almost all men make a request for assistance with the problems in this order: job, money help, and a room.

It is important for the worker during this early part of the interview to be observant as to how the client presents himself, how he states his problem, and to assess what he brings to the interview. His expressed attitude to his problem, to himself, and to the community will serve as indices in helping him to face the reality of his future. His behaviour may be conditioned by some misconception about the agency's program, his prejudices or feelings towards the community which incarcerated him, and also by the degree of awareness which he has about himself and his problems. It is safe to say that his approach to this interview is characterized by emotional unrest.¹ Any one or a combination of the following characteristics may be manifested: hostility, demand, aggression, passivity, inability to state problems, embarrassment in having to ask for help, vagueness of plans, evasiveness and withholding of essential information, and lack of realism as to what is ahead of him.

Multiplicity of symptoms is commonplace in initial interviews in many social work settings. Standard interviewing techniques are the constant tools for the social worker in understanding these symptoms and these may also be used in helping the inmate assert himself constructively. An open mind and a keen awareness of the impact which the worker is having upon the inmate at this point is essential. A realization that the inmate's behaviour is purposeful and revealing is fundamental. The traditional prison viewpoint that to show hostility is disrespectful and so demonstrates unworthiness for help upon release must be discarded.

Professional knowledge and experience tell the worker that the magnitude to the client of his immediate material need tends to obscure more basic ones. Difficulty is often experienced in helping the client see beyond survival problems. At this point, therefore, expectation and dread of the future outside the prison may fixate him at the level of economic problems he will have to face in the immediate post-release period. This anxiety can be immobilizing. If not handled and resolved, it can become the cradle of bitterness and resentment which could motivate future desperate criminal acts.

Primacy must, therefore, be given to the basic social casework principle of starting where the client is and developing in him an understanding which he feels he has not had in the past. His feeling is that he has but a limited interview time in which to impress the worker and so he presents his stated intention "to go straight" as fact. In this early and dramatic part of the interview, it is very important for the worker to maintain his perspective and not be controlled or captured by the depth of emotion which the client puts into his assertion to go straight. Care must be taken, however, to identify and also relate to this expression of his feeling. If this is done the worker can then more easily interpret to the client that the agency believes in his intention to go straight and it but remains for him, by the constructive use of community and his own resources, to translate this intention into action.

The client is so oriented, due to his many experiences in the past, to the relentless and inexorable mill of the legal process that he is inclined to distrust the worker's present interest in him and his problem. His experience of being passed from one pair of hands to the next since his arrest leads him to believe this interview is just another transitory stage. It is thus incumbent upon the worker to understand this new and meaningful experience for the client which is so different from his usual day to day routine in the prison. The worker must also understand that this experience may create tenseness, hostility, belligerence or a passivity in the client and that these are but symptoms of his present confusion and the underlying personality problems.

Each request for help, therefore, must be entertained step by step and developed into a postulation of what the total post-release plan

might be. The first five minutes or so is designed to be a free talking period wherein the client can develop a feeling of dependence and confidence in himself. It should be mentioned that in about fifteen percent of the cases this does not happen. The first part of the interview is often quite painful for the client in a different way, and laborious for the worker as an attempt is made to involve the client in a statement of his problems.

The Brief Outline of Agency Service

The second part of the interview develops into an interpretation of the agency's service. Its length depends upon how much the man is able to absorb at this early point. This brief description is to give the man at least a partial answer in his approach to the agency. He is advised that the agency will help him in respect of his material needs provided he is able to co-operate and follow through on a rehabilitation plan. This answer is designed to give him a feeling of security and thus free him to consider other aspects of his adjustment to liberty and self-maintenance. Yet it is usually at this point that we get the first hint as to the degree of involvement the client will develop in the rest of the interview. One may meet rejection of the limits of agency help by the client who then retreats and withdraws to an eventual termination of the interview. On the other hand the reaction may be one of interest in the kind of sympathy which the agency says it will show in each individual case. This is usually indicated by the client's interest to know more. The interpretation then follows according to the emphasis of the client's request. For instance, when the request is for financial help stress is placed on this kind of assistance and the worker outlines what is available for food, shelter and clothing. The quantitative examples given are represented as being minimal and adequate.

It is also made clear that no lump sum is available, but that money is loaned on a planned basis at specific times for specific needs. The discussion of money invariably creates anxiety and the client usually handles this anxiety by giving assurances that he wishes to repay and will do so as soon as he gets on his feet. This phenomenon is perhaps his way of looking for approval of the worker and the agency. Honouring one's debts is a prison group standard also, and this is one way in which he can measure up to the socially accepted standards of the group with which he is trying to identify. In this part of the interview the worker sees very clearly the conflict of values between the prison group and the community group and also the similarities. The client is seen to be taking one of the big steps into the "never never land" of going straight.

The Decision to Refer

The third phase of the interview is purposely focussed on the decision regarding referral. It is at this point that the client is given full responsibility for making this decision. An integral part of this decision

and referral is the formal taking of information for the referral letter or summary. This raises the question as to the advisability of note-taking during an interview. It is generally felt, however, that because of the peculiar dynamics existing in the environment from which the client comes, note-taking has a positive value. It also has a value as a technique for letting the client know the agency does keep a file on him and that he has a direct responsibility in building up the file with information which he gives.

In regard to referral, the direct question is often used after discussion and usually takes the form of, "Do you think you would like to see our man in . . . ?" Or "Then you would want to call on Mr. . . . in" At this point one again notices the anxiety and discomfort at being called upon to make a decision. This may also be accompanied by surprise because he is unaccustomed to being given the opportunity to make such decisions. This anxiety may be directly related to his present interview within the arbitrary order of the prison and his inability to handle the situation. This is perhaps another indication of how the dynamics of the social casework interview can be used in helping prepare a man for freedom and the kind of decisions he will be called upon to make while at liberty. The decision to refer also has the very important value of letting him know that the agency does treat him with respect, and as a person expected to make and capable of making his own decisions.

From the agency's point of view, this man is legally in control of his own behaviour when he leaves the prison. The important thing, then, in getting him to make the decision regarding referral, is to have him want to continue in relationship with the agency and so give him a taste of the voluntary counselling relationship into which he is about to enter. There are perhaps other reasons for the reaction of surprise. These are felt to be pretty closely linked with the customs of the prison group wherein distorted information with the biases and prejudices of the inmate group projects on to the after-care agency a role which is other than its proper one. The inmate group, because of its ignorance of ordinary fundamental civics, often project upon a private agency the role of the public agency and, therefore, regards material help as a right. The lack of clarification of after care within the rehabilitation process leads many inmates to believe that the interview is something which they have to go through without choice. Many men also believe the relationship with the John Howard Society is a controlling one and this is perhaps closely related to the benevolent autocracy which characterized their previous relationships with individual citizens in the past — whether they be family or friend. It may also be found, in tracing the source of this attitude, that the inmate's relationship with an after care agency in the past may have been of the ordering and forbidding kind.

Usually by the end of ten minutes or so the inmate makes his decision as to whether or not he wants a referral. Actually few men ever

do refuse. This act of decision injects some formality and responsibility into the interview situation. No less important is the inference that the agency projects dignity upon the client. This elevating technique gives the man a feeling that he has status in the eyes of the agency and also increases his own self-evaluation. This is done specifically with the object in mind of planting recall material which he may use in a failure situation in the post-release setting. Anticipation of failure even in a very minor sense is repugnant to the self-esteem which is the main outward characteristic of the inmate.

This elevating or enhancing technique is used to offset the development of a feeling of worthlessness which later is the characteristic reaction to failure, and which is a major influence leading to recidivism. Unless such a platform is laid the chances of his rehabilitation plan becoming successful are considerably lessened. It is at this time also that the worker can make some assessment of the positive or negative effect of the prison experience. If some rehabilitative goals have already been achieved either through program or relationship with staff the task is less difficult. A display of feelings of accomplishment and achievement can usually be traced to a positive relationship and this is found to be particularly true of the vocational training graduate at Collin's Bay Penitentiary. He has usually developed a group identification in the classes and has been drawn into a useful relationship with instructors and other key treatment personnel. These experiences help develop self-awareness and greatly enhance preparedness for release to society.

The note-taking referred to earlier is explained to the client as being necessary in order to give the worker in the community a brief picture of a man coming to him. Invariably the inmate agrees that this is necessary and it is felt to be a very meaningful experience to him. Agency interest in him becomes very strongly focussed at this point. Notes on items such as his release plans, his resources, his social situation and relationships are recorded. This process is not a duplication of that of the classification officer in the previous interview where the information may have been shared after having been given much "fantasy" thought during sentence. Having left that interview the inmate has had an opportunity to rethink it prior to coming to the agency interview and this assists in casting off prison lethargy and may lay bare previously neglected problems. Another important factor is, of course, that the client is regarded as being the best source of his own information for the developing relationship within the agency.

Besides interest on detail and content of information, the manner in which the inmate presents it and himself through it is important. In this way the worker, in the light of his knowledge of the setting from which the inmate comes, can make certain evaluations and appraisals as to the man's typical reaction patterns. It is these reaction patterns that are the vital dynamics which need to be conveyed to the after care worker in the field.

At the time of the decision to refer the card of introduction is interpreted and a specimen shown to the inmate. Since many inmates are not too familiar with the routine procedures to be followed in approaching any office for an interview this is usually an important part of explaining the agency's service. The giving of these details indicates the agency's direct and real interest in him. It is also very important to realize that these men are often in quite a state of confusion at the time that they report to our offices and do sometimes need information to which they can relate in times of stress.

Detailed Interpretation of Agency Service

This final stage of the interview also includes a discussion of standard post-release problems and it is flexible as to length and content, and entry into it is sometimes governed by the reaction of the inmate in the second phase of the interview period. Discussion of agency service and post-release problems are very closely interwoven and inseparable at times.

Earlier in this paper the value of the post-release report was noted. These reports carry evaluations of inmates' problems after release and reaction patterns to these problems. With these constantly flowing back to the attention of the interviewer, he is kept sensitive to outside community pressures, and thus is prevented from becoming institutionalized in his approach to the somewhat rigid attitude inmates exhibit in pre-release interview. Such rigidity is nurtured on stories and information brought back by recidivist inmates. Recidivists have a common and human need to find a reason for their failure external to themselves, and it is quite common for them to project reasons for failure on the after care agency. This form of negative feed-back is one of the factors responsible for the rigidity and lack of correct expectation of the inmate in the interview. It is, therefore, important to have the positive feed-back mechanism of the post-release report available to the worker in order to combat the negative feed-back provided by the "grapevine".

¹ For a fuller treatment of causative factors see Johnson, Norman. "Sources of Distortion and Deception in Prison Interviewing", *Federal Probation* (March 1956).

(To be continued)

On trouvera la conclusion de cet article dans le prochain numéro. Dans la première des deux parties, M. Reid expose en détail ce qu'il juge être le but de l'entrevue précédant la mise en liberté, et indique comment le travailleur doit procéder.

To the Editor:

When I took over the Chairmanship of the Association this June, Bill McGrath was good enough to send me a report outlining very briefly some of the gains that have been made by the Association since its inception in February 1956. As many of you will remember, there were some of us who had misgivings about the future at that time. With our first National Congress behind us and our second looming up, there is no doubt that we have come a long way in just over two years.

One of the difficulties facing any national organization in a country the size of ours is to provide the means necessary for the communication of ideas between its members. Getting that feeling of "togetherness" is vitally important if an association is to mean anything. For this reason, if for no other, I rejoice to see the first copy of the *Canadian Journal of Corrections* formally launched and on its way. Those who are responsible for this periodical deserve our congratulations and thanks. Their effort, however, does not absolve us from our responsibility. I hope all our members will support wholeheartedly the Editor and his Committee and try in some way to contribute to its success. It cannot continue long without our support.

Valuable as a medium for exchange of ideas is to an organization such as ours, it still does not take the place of meeting face to face. I feel it is vitally important that we should get together more often. It is obvious that our National Congresses cannot be more frequent, desirable as this might appear to be. One meeting every two years is scarcely sufficient to provide the necessary continuity between conventions. The suggestion has been made that the Association set up regional groups, each province, where possible, forming a group. It is felt that there are a sufficient number of people interested in the field of corrections in most of the provinces to warrant forming separate provincial groups. The advantage of a provincial group as opposed to a wider grouping is again one of convenience and ease of travel. These groups would meet at least once a year. The British Columbia Corrections Association, which is a provincial group, with a loose affiliation with the National Association, is a good example of what can be achieved in the way of a regional corrections group. Its two-day institutes are now well established, and attract workers from all the social welfare agencies in the province as well as many magistrates, lawyers, and members of the general public. Most of its members belong to the Canadian Corrections Association. However, they enjoy, through their provincial association, an opportunity to meet with other workers in the field not just every two years, but as often as once a month. The results of the thought and discussion emanating from

such meetings of provincial groups could prove most stimulating to the National Association, and lead to a greater participation and more enthusiasm on the part of the general membership in the affairs of the Association. I feel very strongly that we should give some serious thought to this matter so that by the time of the Congress next May we may be prepared with concrete suggestions. I wish you would write your regional vice-chairman soon and give him your views.

Plans for the 1959 Congress are shaping up well. I do hope every member will do his utmost to attend. From what I know of the proposed program you will certainly not be disappointed.

S. ROCKSBOROUGH-SMITH
Chairman
Canadian Corrections Association.

CRIME AND JUVENILE DELINQUENCY. By Sol Rubin. New York: Oceana Publications, Inc. 1958. pp. 240.

Sub-titled "A Rational Approach to Penal Problems" this book by Mr. Rubin, who is Counsel to the National Probation and Parole Association of the United States, is stimulating and courageous and will be enjoyed by those who are eager for penal reform. It will probably be disturbing to readers who have a strong emotional investment in a punitive penal system or who base their security on status quo.

The title is somewhat misleading in its implication of an area larger than the one actually covered. The major part of the book is a discussion devolving about court function and its related legal framework and ancillary services. For this reason it should be of particular interest to judges, magistrates, lawyers, and probation officers. However, the philosophical basis for the criticisms and suggestions presented make the book valuable to anyone working in or concerned with the field of corrections.

Other minor criticisms of the book would be the limited alphabetical index at the back of the book which does not seem to be proportionate to the wealth of reference material in the content, and the questionable taste with which the author presents a criticism of the work of the Gluecks in the final chapter. Objections are, however, minor ones; the book remains a compelling and at times jolting reminder that there is a need for much hard-headed thinking and constructive effort if American correctional work is to earn a reputation better than "the most ferocious penal policy in the whole world".

Based largely on articles written for professional people and students in the fields of delinquency, crime, and correction, the book covers five main topics. Three parts discuss matters of juvenile delinquency, youthful crime, and adult crime. The last two parts are about probation and parole, and research. Individual chapters in each part are followed with a list of notes and references. Each part, or each chapter, may be read as a separate study.

Throughout the book each point is discussed and analysed, and suggestions are offered for improvement. This type of presentation requires constant concentration and the book cannot be skimmed over lightly. The approach is vigorous and at times reminiscent of the penetrating style of the late Dr. Robert Lindner whom the author quotes in support of his argument against lengthy prison sentences.

Long prison sentences, particularly of the indeterminate type that account for much of the rise in prison populations, are based on the courts'

following a "safe" (for the court procedure, and constitute one of the main causes of the outbreak of prison riots during the past decade. Proportion of prison population to over-all population in 1846 was 1:2436; today it is 1:100.

As a firm advocate of probation and parole Mr. Rubin points out that draining prisons of their long-term inmates would mitigate against an expensive and destructive way of treating offenders and would not unduly endanger Society. The extent to which probation and parole are used is a measure of the democratic level of the country in which it is used.

Pointing out the pseudo-logic which pervades the correctional field the author suggests that if parents are to be punished for their children's delinquency, then why not also punish the parents' parents? Juvenile courts do not seem to exhibit the progress they should have from a century of practice. If anything children seem to suffer at the hands of the law more so than do adults yet they are at the same time more in need of protection.

Only a small minority of convicted offenders require institutional confinement. The book does not go into detail regarding how the confinable minority are to be selected, although various comments point the direction. What is especially needed is more and better case studies which trace the developmental history of the delinquency pattern in the individual.

The discussion on research offers a plan — and we thought it was a very good plan — for more adequate assessment of correctional processes. Little if any of the type of effort suggested seems to be in progress; and its lack ties in with the author's assertion that criminology is at present not entitled to be called a science. In addition to the type of case study mentioned, research would include (1) a study of the impact of correctional methods on the lives of the inmates through various communications with them, and (2) a study of the attitudes and personalities of the people performing the correctional services.

For the readers who have not yet protested in panic the author recommends: a study of the effects of both short-term and long-term sentences; studies of court behaviour of judges, their attitudes, psychology, sex bias; studies of the psychology of the legislative process, and its influence on the attitudes of judges.

Unfortunately research is a topic which tends to be relegated to the closing chapters of books, and in actual correctional practice its position is similar. Perhaps at the beginning of the book this part would have stolen the show, but in the real life situation research will have to point the way in a field which is full of contradictions.

Mr. Rubin's area of interest is reflected in his strong appeal for court reform. Brief mention only is made of the need for similar reform

in other correctional efforts. However he does not claim to have a complete or perfect answer and indeed makes a point of inviting criticism and controversy that can lead to the development of superior methods. This is a book that carries a torch, inviting others to follow.

GORDON W. RUSSON.

"CRIME AND JUVENILE DELINQUENCY" par Sol Rubin
New York: Oceana Publications Inc. 1958. pp. 240.

Cet ouvrage est susceptible d'intéresser les officiers de probation, les avocats et les juges. Il contient nombre d'idées positives qui pourraient permettre au domaine correctionnel américain d'être autre chose que le "système pénal le plus féroce au monde".

Les principaux chapitres de ce volume sont consacrés à la délinquance juvénile, aux jeunes criminels et aux criminels adultes. Les deux derniers chapitres traitent de la probation, de la liberté surveillée et de la recherche. De nombreuses notes et références accompagnent chaque chapitre.

Chacun des points est analysé sérieusement et suivi de suggestions positives pour leur solution.

L'auteur s'élève contre les longues sentences à la prison. Les condamnations indéterminées concourent à garder les prisons remplies. C'est une façon de jouer sur (surtout pour la Cour), c'est aussi l'une des principales causes des émeutes qui ont eu lieu dans les prisons depuis 10 ans. Ainsi proportionnellement, il y avait en 1846, un prisonnier par 2436 personnes alors qu'aujourd'hui il y en a un sur 1000. Pour remédier à cela, Monsieur Rubin affirme que la probation et la liberté sur parole permettrait de libérer les prisonniers sans aucunement mettre la société en danger. L'usage de la probation et de la liberté sur parole indique à quel niveau en est la démocratie dans un pays.

Rappelant la pseudo-logique qui envahit le secteur correctionnel, l'auteur s'oppose à ceux qui suggèrent de punir les parents pour les délits de leurs enfants, alors il y aurait lieu de se demander s'il ne faudrait pas sévir aussi contre les grands-parents? Après de nombreuses années d'existence, les Cours Juvéniles n'affichent pas les progrès qu'on serait en droit d'attendre.

Seule, une minorité des délinquants nécessitent un internement institutionnel. Ce volume laisse entrevoir comment cette minorité pourrait être sélectionnée. Une étude de cas retraçant, dans l'histoire de l'individu, le développement des tendances à la délinquance, s'avérerait l'un des moyens les plus utiles.

Le dernier chapitre propose un plan de recherche pouvant assurer une meilleure compréhension des processus de délinquance. En fait, peu d'efforts de ce genre sont présentement tentés et la carence de recherches semble prouver l'assertion de l'auteur, que la criminologie ne peut être encore considérée comme une science. Outre des recherches sur les études de cas, il serait nécessaire d'entreprendre des études sur les résultats des méthodes punitives sur la vie des prisonniers, de même que des études sur les attitudes et la personnalité des gardiens et du personnel des prisons.

Ce n'est pas tout, l'auteur recommande des recherches sur les effets des longues et des courtes condamnations; sur la personnalité et les attitudes des juges; sur la psychologie inspirant les mesures légales et son influence sur les attitudes des juges.

Il est malheureux que la recherche constitue le dernier chapitre du volume; il semble bien d'ailleurs que sa position soit la même dans la pratique pénale. Il n'est pas improbable que, placé au début de l'ouvrage, ce sujet aurait pu constituer vraiment une idée-choc, tout comme dans la réalité, la recherche pourrait jeter de la lumière sur un domaine plein de contradictions.

Monsieur Rubin se fait l'apôtre de la réforme judiciaire sans toutefois prétendre proposer des recettes infaillibles. Son travail force à la réflexion même s'il n'est pas totalement exempt de motifs à la critique.

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